

In the United States District Court
for the Western District of Texas
San Antonio Division
David Alan Ezra
Senior United States District Judge

8/27/2014

CIVIL ACTION NO. SA 12CV1221 OG

Christus Health Care Systems, Inc.
Page | 1 and Christus Santa Rosa Health Care Corporation

FILED

AUG 28 2014

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
BY *[Signature]* DEPUTY CLERK

Plaintiffs

Vs

American Consultants RX Inc.

American Consultants Inc. and

Charles Myrick

Defendants

Dear Judge Ezra,

I apologize for the receipt of this letter. I just received your court order yesterday and due to financial difficulties I will be unable to attend. However, I wish to provide an answer or answers to your requests. I also wish to bring to your attention issues of potential fraud and extortion attempts made against me and my company by the Plaintiff.

The question asked by Your Honor as to why sanctions should not be imposed against me and my companies American Consultants RX and American Consultants Inc.? The main reason is lack of jurisdiction. The Plaintiff gave a fraudulent answer.

Under II. jurisdiction And Venue of the plaintiffs original complaint and injunctive relief actually established my defense and the reason a court doesn't have jurisdiction. Without jurisdiction the court would've been unable to hear the case or render any decisions. The plaintiff would've had to come to the Georgia instead. **The plaintiff repeatedly stated the Defendants made and uninvited, unaccepted offer to convey so-called pharmacy discount cards to CSR and then used that uninvited and unwelcome act to promote a false affiliation with CSR**(please see attachment 1 and 1a).

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However, the plaintiff lied. American Consultants RX Inc. has had a relationship with the Christus Health Care System for years. Please note the process where we send cards to organizations was established years ago after discussions with the IRS, FBI, company accountant, as well as our legal team. **All orders or request are sent in writing, inputted online by the organization requesting the cards, or on the phone where we would document that this is a phone order and place date when ordered and when the order was filled. In order for me to do a video I would have the request in hand and I always speak to the recipient in an effort to learn more about the organization.**

A. Christus Health Systems orders discovered from database inputted from written requests starting back as early as 2005:

ACI ORDER REQUEST 8/2005ID	Order Date	Ship Name	Contact Last Name	Contact First		
Name	Contact Title	Ship Address	Ship City	Ship State	Ship Postal Code	Phone
Number						
9171	6/30/2008	CHRISTUS MEDICAL GROUPFAMILY CLINIC	SMITH	ANITA	LVN	401
EAST STTEXARKANA	AR	71854-	(870) 773-2177	7/1/2008	30	(870) 773-2758
3762	9/16/2005	CHRISTUS SPOHN FAMILY HEALTH CLINIC	GREENTREE	GORDON		
	PHYSICIAN ASST	1020 CAROLYN FREER TX	78357-		(361) 394-7311	
	1000	(361) 394-7158				
9348	7/7/2008	CHRISTUS SPOHN FAMILY HEALTH CTR PI	GURMAN	GRACE	LVN-	
FLOATER NURSE		14202 SOUTH PADRE ISLAND	CORPUS CHRISTI	TX	78418-	
		(361) 494-7660	500	(361) 949-9372		

B. Written Request Enclosed:

1. (See #4 attachment) Christus Saint Michael Senior Clinic, Leah Johnson 1400 College Dr., Suite 202, Texarkana, Texas 75503. Ordered on June 13, 2011. Ordered five cards.
2. (See#2attachment) Christus Dubuis Hospital , 1919 Labranch, Houston Texas,77002.-20 English/20 Spanish By the Pharmacy Director S Lotay. 713-756-8631.-8
3. (See #3 attachment)Cystic Fibrosis Center a.k.a.Cristus Santa Rosa Children's Hospital, 333 N. Santa Rosa St., San Antonio, TX 78207. 210-704-2910 Tamara Brown (Plaintiff Location) 50 English cards ordered on August 12, 2011.
4. (See #5 attachment) The Focus-Christus Santa Rosa, 500 98 N. Union Suite 300, New Braunfels, TX 78130. Ordered 50 cards English on June 4, 2013 by Karla Morales. 830-7-7979

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5. **(See #6 attachment) Christus Saint Michael clinic-Senior Clinic, 2604 Saint Michael Dr. Suite 239, Texarkana, TX 75503. 903-614-5330. Juanita Roberson ordered 50 English and 50 Spanish cards. Order made on May 20, 2014.**

The information provided was what my legal counsel, Winston Denmark, 8024 Fair Oaks Court, Jonesboro, GA 30236, 770-961-4100 was focusing on in the determination that jurisdiction was and is in Georgia. The documentation also proves that American Consultants RX not only had a business relationship with the Plaintiff but with the network as a whole. It also establishes another point that the cards were requested by the Plaintiff network in writing during the time American Consultants RX was still being sued.

The Plaintiff was incorrect in trying to establish jurisdiction in Texas when everything happened from Georgia. The initial inquiry and business relationship with the Christus Healthcare System s was established as far back as 2005 by American Consultants RX in Georgia not 2010 as the Plaintiff would have you to believe. All request made by the Plaintiff were completed in Georgia and all video were done in Georgia not Texas.

C. "Copyright Disclaimer Under Section 107 of the Copyright Act 1976, allowance is made for "fair use" for purposes such as criticism, comment, news reporting, teaching, scholarship, and research. Fair use is a use permitted by copyright statute that might otherwise be infringing. Non-profit, educational or personal use tips the balance in favor of fair use."

The tribute made to the Plaintiff facilitated many points underneath the aforementioned statute.

1. Since 2003 American Consultants RX has donated over 30 million discount prescription cards to over 50,000 organizations across the country. The program is designed to be a humanitarian project to be given to uninsured people in need of medicine help. Designed to save as much as 80% off the cost of prescription drugs. See attachment #7 for an example of organizations throughout Texas that have received assistance from American Consultants RX Inc.
2. Members of Congress of the United States request cards and information for their constituents see attachment 8.
3. in August 7, 2008 Congressional Black Caucus of the Congress of the United States invited me to speak on the pivotal role that community organizations have on the health care policy infrastructure on Saturday, December 6, 2008 at 10:45 AM by Congresswoman Donna M. Christensen. Invited representatives from national community organizations each specialize in addressing the root cause of the disparities through community centered models. The goal was to help develop a policy framework for the elimination of health disparities which will guide federal, state, and local legislation, in White House, State Houses, and Mayoral offices as well as private sector, union and not-for-profit initiatives. Please see attachment #9.

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The framework discussed during the conference which I was asked to join exploded the exposure of American Consultants RX throughout the country. News outlets across the country were in demand for additional information concerning programs receiving the cards on a continual basis. See West Virginia University extension services-see attachment #10 .

4. Due to an overwhelming demand for information for assistance by uninsured Americans across the country, politicians seeking assistance for their constituents and updates of programs overlooked American Consultants RX started to build an extensive network not only throughout the country but online as well. Pursuant to the ongoing drive to address areas in distress Texas was definitely highlighted as a place that needed assistance. A key point in this is education and information. Many people don't know where to go to get help which is why the videos are highly sought after as point of information.

Another area where the videos come handy in educating and informing members of law enforcement(FBI) who are assigned to do a background check or due diligence of our program, considering many federal and state agencies take part in our program. It must be notated that I am as was my company under due diligence by the Georgia insurance Commissioner, Federal and State Laws, which also includes the IRS.

As noted earlier with over 50,000 organizations receiving free assistance and not being a 501(c)(3) organization places me and my company in a precarious situation. Our program is not technically designed to make money considering the cards are donated for free, all printing and postage is picked up by me and my company. It has been discussed by IRS representatives to have more than the normal proof of documentation concerning the donation of prescription cards across the country. Considering that over 80% American Consultants RX and my money are donated to facilitate the program in effort to help people in need.

A case in point is the very case I'm involved in now. The Plaintiff if approached by the IRS and asked for verification if they had received any other discount prescription cards donated by American Consultants RX would (as they are saying now) no. As a 501(c)(3) organization the Plaintiff has an obligation to report anything of value failure to report this could amount to legal action by the IRS . The video along with the signed request help the IRS substantiate the level of loss reported in our taxes.

With over 50,000 organizations that we work with in an effort to keep them informed we utilize video, websites(over 700) and letters to keep them abreast of new programs that can be helpful to people in need. The establishment of fitting under the copyright allowance has been met.

D: Extortion And Defamation of Character By Plaintiff:

The utilization of elements in my background were effectively used by the Plaintiff to dissuade the Court from giving my company and myself a favorable ruling. The Plaintiff made it a point to utilize a

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suspension given to me by the Georgia insurance Commissioner John Oxendine on February 13, 2003 for failure to report a felony. This aspect of the felony in my background from the case the Plaintiff studied were the elements of extortion came about. The Plaintiff made it a point to make sure elements of my background were promptly displayed online which brought about a negative connotation from my other business relationships. The ironic thing about the insurance case discussed by the Plaintiff (see attachment 11 and 12} involve extortion.

The Plaintiff made the point that concerning my background would've never did business with me or my company. The Plaintiff has falsely misrepresented the situation to The Court. In 1991 I was charged for a crime of forgery, credit card fraud and receipt of a fraudulent good. Given a choice of going to court or taking a plea, I chose to go to court because it was something I didn't do. Having just graduated from University of Southern Mississippi and having a good job waiting for me in Georgia, I had the unfortunate position of being in the wrong place at the wrong time. I was at home. Receiving a package at home which later turned out to be a fraudulent package and my residence was used as a drop spot.

Irregardless, the term railroaded is sometimes loosely used however it fit in my situation. I wind up going to a hearing by myself and my attorney which turned out to be a trial. Needless to say it was over quick. Technically I was given 10 years of which one year was served in prison. I was told that on completion of my sentence that I had first offender status. Later on when I applied for insurance licensing I assumed I had first offender. Which as the court knows would remove the legal obligation against an offender as if it never happened. For over eight years I excelled in the insurance industry until an individual went into my background and discovered that the felony was still there.

The individual attempted to extort over \$50,000 from me or he would report me to the insurance division across the country that I was licensed with. Failure to report a felony in the insurance industry can result in imprisonment, suspension, or banishment from the industry. A person with a felony can only have insurance license with a federal waiver issued by the insurance Commissioner which is a rarity. A federal waiver if issued must be recognized in any and every state which would allow the individual to get licensed. Technically, the insurance Commissioner is vouching for the individual in question.

The Plaintiff failed to make knowledge that I was the one who turned himself in to the Georgia insurance Commissioner. I self-reported as the law states in Georgia that I became aware that I had lied concerning the fact I had a felony. Is this case that the Plaintiff has created a unique and deep layered avenue to extort money from me by using the same case and The Court as an accomplice.

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Please note the avenues the court has taken based on the information provided by the Plaintiff. The negative information provided the Plaintiff attorney to the court which allowed over \$75,000 judgment to be paid to the Plaintiff Attorney for fees as well as the threat of force by the Court under duress of issuing a bench warrant for failure to report to Texas. I didn't even receive the court order until Monday 25th, 2014. But then I received two process servers the next day.

There's one thing that is a constant point. The information in my background has brought about several people who read the same information that the plaintiff attorney read and tried to extort money from me. The court has been lied to. First, in regards to the suspension by the insurance Commissioner of Georgia John Oxendine the plaintiff attorney should've notated that I was granted a federal waiver after completion of my suspension of one year and a fine of \$5000 which is the exact sentence I received for the initial crime. Based on a Superior Court judge who did hear my case and recognized an extortion attempt and recommended suspension versus jail time or banishment which were my only three options since I self-reported a felony. John Oxendine the insurance Commissioner agreed.

Though I was granted a federal waiver I also received a Pardon approximately 6 months later. I have been told by several FBI agents were doing background checks on me that I am one of the most background checked men in the country. As an African-American in Georgia getting a federal waiver from insurance Commissioner John Oxendine who had a reputation for being extremely hard and gaining a pardon in Georgia was pretty near impossible. (See attachment 13).

The last two points very few people know about. My background situation is on file with the insurance agencies across the country as well as in Georgia. The plaintiff used false information in an effort to obtain money and ruin my reputation. The Plaintiff is banking on me being a felon without knowing the other information and using the court to extort money and force over me.

Please note on Tuesday evening I contacted the FBI in Texas and explained my situation. It was recommended I contact the Federal Trade Commission as well as the IRS concerning the situation with the Plaintiff along with the Justice Department in DC. It was explained to me that it sounded like a deep and layered extortion attempt by the Plaintiff utilizing the court as its enforcement of which he has seen before. This technique as explained to me usually works because the exposure of the felony leaves the defendant vulnerable.

Again I apologize for not being able to attend the Texas hearing. The embarrassment point for me is that I'm broke. I actually gave every dollar I have to help others in the country. I request the court not to issue a citation. I ask that you vacate your overall decision for attorney fees and the original complaint decision based on the information I provided. I also asked the court to assist facilitating an investigation of fraud and extortion by the plaintiff attorney and the plaintiff. As the documents enclosed present a completely different

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story than was presented to the court. Make the Plaintiff come To Georgia if they wish to dispute the claim.

Please note with over 25,000 requests still needing to be scanned in and I know there are other orders possibly sent to the Plaintiff. I apologize for this letter not being in the right format that you may be accustomed to but I didn't have a lot of time. I had to do something because I did not want the court to be disrespected. I had to give you at least an answer. I do not plan to stand idle anymore. It is time that I bring the necessary people in to investigate the situation.

I also wish to add that removing video by American Consultants Rx online on other sites would be impossible concerning that we aren't Google. Also note the video in question rotates through a feed system by Google or other internet providers.

Thank you for your time and patience.

Sincerely,



Charles Myrick

President & CEO

American Consultants RX

CC: United States Justice Department

Federal Trade Commission

Internal Revenue Service

Congressional Black Caucus

FBI

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Thank you for your time and patience.

Sincerely,

Charles Myrick

President & CEO

American Consultants RX

CC: United States Justice Department

Federal Trade Commission

Internal Revenue Service

Congressional Black Caucus

FBI

Ernie Sadau

Marc Collier

U.S.C. § 1051 *et. seq.* ("Lanham Act"); and violations of the Injury to Business Reputation or Trade Name or Marks provisions of the TEXAS BUSINESS AND COMMERCE CODE, §16.29.

7. This court has jurisdiction over the subject matter of this action pursuant to 15 U.S.C. §1121(a) and under 28 U.S.C. §1331 and §§1338(a) and 1338(b).

8. This court has jurisdiction over Plaintiffs' state law claims pursuant to 28 U.S.C. §1337(a) and the doctrine of supplemental jurisdiction.

9. The exercise of personal jurisdiction in Texas is proper because CHRISTUS Health and CSR are Texas non-profit corporations that regularly deliver services in Texas, conduct the business of medical caregiving in Texas and remand the proceeds of its charitable purpose to communities within the State of Texas including those within the San Antonio Division of the Western District. The acts, events and transactions giving rise to the causes of action herein have occurred in the Western District of Texas. Specifically, Defendants made an uninvited, unaccepted offer to convey so-called "pharmacy discount cards" to CSR and then used that uninvited and unwelcomed act to promote a false affiliation with CSR. In addition, without permission, Defendants appropriated CHRISTUS's copyrighted images and materials created in Texas and addressed to its San Antonio market audience and then used them for its own commercial endeavors. Without permission, Defendants also appropriated CHRISTUS's distinctive trademarks that are used famously in Texas, and employed them for their own commercial purposes. Defendants have established contacts with the State of Texas and have purposefully availed themselves of the resources and instrumentalities of the State of Texas by advertising that they have arranged to have their so-called discount cards recognized in more than 250 San Antonio area drug stores including various Walgreen's, CVS, Wal-Mart and HEB Pharmacies, *inter alia* and by using the intellectual property that they expropriated from

Attachment
1

Pa

32. The "Tribute and Help" video prominently displays the CHRISTUS Santa Rosa service mark on websites owned by the Defendants. Defendants never asked permission to use the Santa Rosa mark on their websites or in their video nor was any permission ever granted to do so. Had such permission been requested, it would have been declined.

33. CHRISTUS never received free pharmacy discount cards from Defendants that could in turn be credibly given to patients. Defendants' facsimile instructs CHRISTUS to request cards by fax or by web visit and none were ever so requested. Defendants, therefore, donated nothing of value to CHRISTUS.

34. Following the posting of the video that uses CHRISTUS's marks and copyrighted materials without its permission, Defendants, upon information and belief, began using the Twitter service for "tweeting" links to the video and again falsely asserting that CHRISTUS Santa Rosa Children's Hospital had been the beneficiary of donated prescription discount cards when in fact it had not.

35. Upon information and belief, during the month of June 2012, and in the months thereafter Defendants continued to "tweet" links to sites playing the infringing video and to further assert that CHRISTUS Santa Rosa Children's Hospital received "free medicine help."

36. After the so-called "Tribute and Help" video first appeared on or about May 29, 2012, CHRISTUS counsel phoned Defendant ACRX on June 6, 2012 to request the removal of the infringing video and the cessation of any purported affiliation between Defendants and CHRISTUS.

37. That same day, June 6, 2012, CHRISTUS received a voicemail from Mr. Myrick at ACRX claiming that their uses of CSR's photographs were exempt from claims of copyright

#2

PRESCRIPTION CARD FAX REQUEST FORM

DATE 7/11/11
NAME D. Schotay
TITLE/POSITION Pharmacy Director
ORGANIZATION CHRISTUS ST. CHRISTOPHER HOSPITAL
ADDRESS 1919 La-Branch
CITY Houston
STATE TEXAS ZIP CODE 77002
PHONE NUMBER 713-756-8631
FAX NUMBER 713-756-8661
AMOUNT OF CARDS REQUESTED (English) 20
(Spanish) 20

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

Filled
by
DRC
7-11-11

Should you have any questions or concerns, please do not hesitate to contact us at (404) 767-1072. Also feel free to download a free discount prescription card (Under the Free ACIRX Card Download) or place your organizations request for free ACRX discount prescription cards online at <http://www.acirx.org>. Also feel free to mail the request form to ACRX, P.O.Box 161336, Atlanta, GA 30321.

The information in this FAX is confidential and/or privileged. This FAX is intended to be reviewed initially only by the individual named and may only be further disclosed pursuant to the written authorization of the client's legal representative or as otherwise provided in O.C.G.A. Section 7-1-625 (c). If the reader of this transmittal page is not the intended recipient or a representative, you are hereby notified any review, dissemination, or copying of the FAX or the information contained herein is prohibited and subject to civil damages and criminal penalties. If you have received this FAX in error, please immediately notify the sender by telephone or return this FAX to the sender at the address shown above. Thank you.

*Christus Dahlberg Hospital
1919 LaBranch
Houston, TX 77002*

~~8/22/11~~ *Video Done* ~~8/23~~

PRESCRIPTION CARD FAX REQUEST FORM

DATE 8-12-11

NAME Tamara Brown

TITLE/POSITION _____

ORGANIZATION Cystic Fibrosis Center

ADDRESS 333 N. Santa Rosa st

CITY San Antonio

STATE TX

ZIP CODE 78207

PHONE NUMBER 210-704-2910

FAX NUMBER _____

AMOUNT OF CARDS REQUESTED (English) 50

(Spanish) _____

AMM 8-22-11 *ACRX for Video*
PLEASE FAX YOUR REQUEST TO: Alvin F Collins at (404)305-9539

ACRX for Video
Should you have any questions or concerns, please do not hesitate to contact us at (404)767-1072. Also feel free to download a free discount prescription card (Under the Free ACRX Card Download) or place your organizations request for free ACRX discount prescription cards online at <http://www.acrxcards.com>. Also feel free to mail the request form to ACRX, P.O.Box 161336, Atlanta, GA 30321.

ACRX for Video
The information in this FAX is confidential and/or privileged. This FAX is intended to be reviewed initially only by the individual named and may only be further disclosed pursuant to the written authorization of the client's legal representative or as otherwise provided in O.C.G.A. Section 7-1-525 (c). If the reader of this transmittal page is not the intended recipient or a representative, you are hereby notified any review, dissemination or copying of the FAX or the information contained herein is prohibited and subject to civil damages and criminal penalties. If you have received this FAX in error, please immediately notify the sender by telephone or return this FAX to the sender at the address shown above. Thank you.

ACRX for Video
6/4/11

✓

PRESCRIPTION CARD FAX REQUEST FORM

DATE 6-13-11NAME Leah Johnson, LBSWTITLE/POSITION Social WorkerORGANIZATION Christus St. Michael Senior ClinicADDRESS 1400 College Dr., Ste. 202CITY TexarkanaSTATE TXZIP CODE 75503PHONE NUMBER 903-614-5374FAX NUMBER 903-735-5320AMOUNT OF CARDS REQUESTED (English) 5

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Angie L. Collins at (404)305-9539

filled
by
AFC
6/14/11

Should you have any questions or concerns, please do not hesitate to contact us at (404)767-1072. Also feel free to download a free discount prescription card (Under the Free ACRX Card Download) or place your organization's request for free ACRX discount prescription cards online at <http://www.acrxcards.com>. Also feel free to mail the request form to ACRX, P.O.Box 161336, Atlanta, GA 30321.

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PRESCRIPTION CARD FAX REQUEST FORM

DATE

6-4-13

NAME

Karla Morales

TITLE/POSITION

MA

ORGANIZATION

The Focus - NB

ADDRESS

598 N. Union St. 300

CITY

New Braunfels

STATE

TX

ZIP CODE

78130

PHONE NUMBER

830-627-7979

FAX NUMBER

830-626-3963

AMOUNT OF CARDS REQUESTED (English)

50

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

Should you have any questions or concerns, please do not hesitate to contact us at (404) 767-1072. Also feel free to download a free discount prescription card (Under the Free ACIRX Card Download) or place your organizations request for free ACIRX discount prescription cards online at <http://www.acirx.org> . Also feel free to mail the request form to ACIRX, P.O.Box 161336, Atlanta, GA 30321.

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Melissa H. McKell, DO

The Focus - Santa Rose
Christus Santa Fe, TX
New Braunfels, TX

598 N Union St. 300
New Braunfels, TX 78130

6
PRESCRIPTION CARD FAX REQUEST FORM

DATE 5-20-14
NAME Juanita Roberson
TITLE/POSITION Social Worker
2004
ORGANIZATION St. Michael Senior Clinic
ADDRESS 2406 St. Michael Dr. Suite 239
CITY Texarkana
STATE Texas ZIP CODE 75801 75503
PHONE NUMBER 903-614-5374
FAX NUMBER 903-614-5320
AMOUNT OF CARDS REQUESTED (English) 50

(Spanish) 50

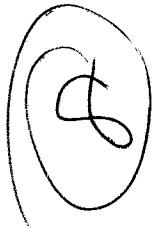
WD
PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

*5/20/14
Dorothy Weathers*

Should you have any questions or concerns, please do not hesitate to contact us at (404) 767-1072. Also feel free to download a free discount prescription card (Under the Free ACRX Card Download) or place your organization's request for free ACRX discount prescription cards online at <http://www.acrx.org>. Also feel free to mail the request form to ACRX, P.O. Box 161336, Atlanta, GA 30321.

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*Christus St. Michael Clinic - Senior Clinic
903-614-5330
ChristusHealth.org*



STEVE COHEN

9TH DISTRICT, TENNESSEE

1004 Longworth House Office Building
WASHINGTON, DC 20515

TELEPHONE: (202) 225-3265
FAX: (202) 225-6663

167 NORTH MAIN STREET
Suite 309
Memphis, TN 38103

TELEPHONE: (901) 544-4131
FAX: (901) 544-0323

Congress of the United States
House of Representatives
Washington, DC 20515-4209

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE

SUBCOMMITTEES:
AVIATION

HIGHWAYS AND TRANSIT

ECONOMIC DEVELOPMENT,
PUBLIC BUILDINGS AND EMERGENCY
MANAGEMENT

COMMITTEE ON THE JUDICIARY

SUBCOMMITTEES:
CONSTITUTION, CIVIL RIGHTS, AND
CIVIL LIBERTIES

COURTS, THE INTERNET, AND
INTELLECTUAL PROPERTY

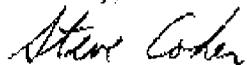
COMMERCIAL AND
ADMINISTRATIVE LAW

March 5, 2008

Dear Friend,

Some of my colleagues in the House of Representatives have utilized the American Consultants Rx to get free discount prescription cards for organizations in their districts. Please read the enclosed memorandum from American Consultants Rx to determine if your organization has any interest in following through with them. For further information, please feel free to contact my Chief of Staff, Shirley Cooks, at 202.225.3265.

Sincerely,



Steve Cohen

Member of Congress



Congressional Black Caucus

of the Congress of the United States

1510 Longworth House Office Building—Washington, DC 20515

Ph- (202) 225-1790 — Fx- (202) 225-5517

August 7, 2008

Charles Myrick
President & CEO, American Consultants Rx, Inc.
P.O. Box 161336
Atlanta, GA 30321

Dear Mr. Myrick:

It is my pleasure, on behalf of the University of the Virgin Islands Caribbean Exploratory Research Center, the Medical University of South Carolina (MUSC) and the Public Health Committee of the Congressional Black Caucus Foundation (CBCF), which I chair, to invite you to join us at the Second Annual National Health Disparities Conference.

It will be held on St. Croix, US Virgin Islands on December 4-7, 2008 and promises to be as successful as the first which was held at MUSC in July of last year.

We would be pleased if you would accept our invitation to speak on the pivotal role that community organizations have on the health care policy infrastructure on Saturday, December 6, 2008 at 10:45am. As a panelist, we ask that you give a 5 to 7 minute presentation on the active role (s) your organization has taken in an effort to reduce health and health care disparities. We have invited representatives from national community organizations who each specialize in addressing the root causes of disparities through community centered models. Following the panel discussion, we have secured time for what we think will be an engaging Q&A discussion.

This Second Conference will build on the work done last year in Charleston, South Carolina to examine what progress has been made, areas where ground has been lost, the factors at play, and what needs to be done now and going forward to help us reach the goal of eliminating health disparities.

This year we hope to develop a policy framework for the elimination of health disparities which will guide federal, state and local legislation, and White House, State Houses and Mayoral offices' as well as private sector, union and not-for-profit initiatives.

Just as important is the second outcome, that of building of a broad, strong, coordinated and sustainable advocacy which will drive the agenda we begin there and continue to refine going forward.

Your input, experience and expertise is important to this process and we hope you will be able to join us.

To accept this invitation or if there are any questions, please contact me or Shelley Thomas at 202-225-1790.

We look forward to you visiting St. Croix and to being a part of this important endeavor.

Sincerely,



Donna M. Christensen

ACRX distributing discount prescription cards in territory

TOM EADER

ST. CROIX — In an effort to assist individuals defray the high cost of prescription medicine, American Consultants Rx (ACRX) recently announced the re-release of the ACRX community service project to distribute 75,000 free ACRX discount prescription cards throughout the Virgin Islands during the next few weeks to many of the nonprofit organizations, hospitals, churches and clinics, as well as members of the general community.

The discount prescription cards, of which 25,000 were previously distributed throughout the territory about two years ago, are for individuals who are uninsured or underinsured, as well as those on Medicare, according to Charles Myrick, ACRX president and chief executive officer. Individuals with health insurance can obtain a card, but they are typically distributed to individuals without health insurance. The cards, which can be reused multiple times, will allow individuals to receive discounts on name brand and generic prescription medication.

"You get up to 80 percent off generic and up to 60 percent off name brand," Myrick said. "Considering a card that didn't cost you anything, you win every time you use it."

ACRX, an Atlanta-based company, was created in 2004 due to the rising costs, unstable eco-

Charles Myrick, ACRX president and chief executive officer, left, and Sen. Terrence Nelson discuss the benefits of the ACRX discount prescription cards Thursday at the St. Croix Avis.

nomics and the mounting cost of prescriptions. Last year, ACRX distributed 22 million cards to 18,000 organizations throughout the nation.

Myrick arrived on Island earlier this week in preparation to speak on a panel at 10:45 a.m. today during the 2nd annual National Conference on Health Disparities at the University of the Virgin Islands on St. Croix campus. After Myrick arrived on island Tuesday, Sen. Terrence

Nelson, who has been an advocate for the discount prescription cards since Myrick first introduced them in the territory, took him into the communities to

meet with the individuals who would benefit from receiving the cards. Myrick said he helps individuals defray the cost of prescription medicine by distributing the cards because he understands the plight of the community.

"This isn't about business, this

is about people needing help now," Myrick said.

Myrick said he doesn't think individuals should have to choose between eating or buying

their prescription medicine. He said he wants to help individuals obtain discounted medicine by offering them free discount prescription cards with unlimited usage.

"I want everybody to be able to eat and get their medicine,"

Myrick said.



Tom Eader
Charles Myrick, ACRX president and chief executive officer, left, and Sen. Terrence Nelson discuss the benefits of the ACRX discount prescription cards Thursday at the St. Croix Avis.

SOCIAL RESPONSIBILITY



By SACI DAVIS/THE DAILY ATHENAEUM

Senior marketing major Peter Gibson (RIGHT) presents a \$2,100 check to Rhonda Morris (LEFT), Director of Administration for the Make a Wish Foundation Friday morning at WVU's College of Business and Economics. Students in the Social Responsibility class solicited proposals for projects around the Morgantown area and had to decide which ones would receive a portion of the \$20,000 available overall.

New prescription drug card helps Americans save money

Marli Riggs
Staff Writer

Due to inflation, the rising costs of prescription medications and the unstable economy, American Consultants Rx is giving out prescription drugs cards to help curb the cost of medications.

This free card discounts prescription drugs and is available for all Americans.

According to its Web site, there are no gimmicks, no strings attached, no claim forms, just savings.

No enrollment is necessary, and no fee is charged to access the card.

The company recently made adjustments to its Web site, allowing those who speak Spanish to watch a tutorial about the card.

Charles Myrick is president and CEO of the Atlanta based program.

It has donated over 26 million prescription cards, which are accepted at over 50 thousand chain pharmacies.

The program keeps giving, 24/7, Myrick said.

Cardholders can save up to 40 percent off brand name prescription medications and 60 percent off generic brands.

Kim Rex, a Nutrition Outreach Instructor with West Virginia University Extension Services in

Jackson County, reached out to ACRx to help residents without medical insurance.

"I asked American Consultants Rx to send me cards. It took one year, and I received 13,000 cards," Rex said. "We do not even

"This program is a good way to keep stores in balance. It is highway robbery what they can get away with. Sadly, people pay \$40, \$50 even \$60 per month for a program that allows only 10 to 15 percent off their prescription medications."

— Charles Myrick
President, CEO of American Consultants Rx

have 15,000 people in my town. I only needed about 100."

Rex took the extra cards to local pharmacies to distribute them.

"A lot of pharmacies have never heard of the program, but they need them," Rex said.

"K-mart, Giant Eagle, Kroger, Rite Aid, Target and Wal-Mart all accept the card."

A lot of people use the cards. Whoever does not have insurance, we recommend them to use the card," said Tammi Geary, a pharmacy technician at K-mart.

She estimated that 20 customers per month use the cards.

"We have been around for four and a half years — a program that has donated over 26 million

cards already," Myrick said. "My goal is to give out 50 to 60 million cards by the end of 2009."

Myrick founded ACRx because he said it was "embarrassing trying to find funding," for the program.

"Since I was not a constituent, they did not want to listen to what the program had to offer," he said. "Only two Congressmen in the United States would actually listen."

Myrick said that because industrial plants are closing around the country, people are losing benefits along with their jobs.

"There should be no decisions whether to buy medications or food, period," he said.

The program was originally started in Georgia, but Myrick said, "It just keeps getting bigger."

ACRx now has more than 10,000 nonprofit organizations around the country that help to spread the word about the cards. Churches, clinics and hospitals are all endorsing the use of the cards.

"We do not discriminate, if people need help, we help them," Myrick said.

"This program is a good way to keep stores in balance. It is highway robbery what they can get away with," Myrick said. "Sadly, people pay \$40, \$50 even \$60 per month for a program that allows only 10 to 15 percent off their prescription medications."

If interested in having a ACRx card or for more information about the program, visit www.acrx.org.

marli.riggs@mail.wvu.edu

pharmacy status consistent with its high level of licensure and innovative academic and research activities.

50. Falsely being affiliated with a platform for opinion and political ideology injures CHRISTUS because readers of Defendants' sites may assume that Defendants' opinions are in harmony with CHRISTUS's, when in fact CHRISTUS has opposing views or has deliberately chosen to remain silent with respect to these divisive issues.

51. Falsely being affiliated with Defendants' products that are unrelated to healthcare at best, and antithetical to the religious and moral tenets of the CHRISTUS ministry, represents harm to its reputation and goodwill.

52. CHRISTUS objects to in any way being affiliated with Defendant Charles Myrick. The initial basis of this objection is simply that such alleged affiliation is untrue. Independently of that objection, upon information and belief, Mr. Myrick's history, background, and actions just prior to founding ACRX render any association between Defendants and CHRISTUS as deleterious to its good name and earned reputation. A summary of findings is contained in "Final Order, Case No. INS 03-11-016, *In the Matter of Charles L. Myrick, Jr.*, State of Oregon, March 8, 2004," attached as EXHIBIT D.²

53. Upon information and belief, Mr. Charles Lee Myrick was convicted by the Clayton Superior Court for the State of Georgia in the criminal case styled *State of Georgia v. Charles Lee Myrick*, case number 90-CR-21599-1.

² Obviously, until discovery has occurred, CHRISTUS is unable to affirmatively state that the Charles Lee Myrick in the public records is the same Charles Lee Myrick as the Defendant. However, it is unable to locate any Charles Lee Myricks that do not have such a criminal record – and presumes that any consumer/patient would also believe such affiliation exists if they checked the public records.

54. Upon information and belief, Mr. Myrick was found guilty of (i) forgery in the first degree; (ii) criminal receipt of goods fraudulently received; and (iii) financial transaction card fraud. Upon information and belief, Mr. Myrick was sentenced to five years in prison.

55. Upon information and belief, subsequent to his guilt being established beyond a reasonable doubt, Mr. Myrick failed to disclose his criminal convictions to the State of Georgia when applying for an insurance agent's license and then again upon renewing it. In February 2003, the State of Georgia therefore suspended Mr. Myrick's insurance license and fined him \$5,000.00.

56. Upon information and belief, similarly, the States of Arizona, Connecticut, Kansas and Oregon all revoked Mr. Myrick's non-resident insurance licenses for his failures to disclose similar license revocations and/or his falsified applications in which he denied ever being arrested, charged or convicted of a criminal offense.

IV. COUNT I: COPYRIGHT INFRINGEMENT

57. CHRISTUS incorporates herein and re-alleges as if fully set forth in this Paragraph, the allegations of Paragraphs 1-56, above, inclusive.

58. The photographs, compilations of photographs, and captions thereto displayed in certain CSR marketing pieces, including those on social media, are original, copyrightable subject matter under the laws of the United States and CHRISTUS owns valid and subsisting copyrights in and to them.

59. CHRISTUS filed copyright applications together with the requisite filing fees and deposit materials for the aforementioned photographs displayed in certain CSR marketing pieces, including those on social media, and the United States Copyright office has received these applications.

13
BRUCE R. MILLAR, ESQ.
J. STEPHEN MIXON, ESQ.

MILLAR & MIXON, LLC

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

108 WILLIAMSON MILL ROAD
JONESBORO, GEORGIA 30236

770-477-6360 TELEPHONE
770-477-6380 FACSIMILE
WWW.MILLARANDMIXON.COM

November 25, 2003

To Whom it May Concern :

Re: Charles L. Myrick

I have recently represented Mr. Charles Myrick before the Georgia Insurance Commissioners office, and I currently represent Mr. Myrick with regard to a pardon application currently pending with the state of Georgia. In connection with my representation, Mr. Myrick has asked that I write some of his friends, family, and business associates a letter wherein I attempt to answer certain questions concerning Mr. Myrick's dispute with the Georgia Insurance Commissioner's office. To begin, I would like to say that in my dealings with Mr. Myrick he has acted very professionally, with the utmost honesty and integrity. In fact, it may be that Mr. Myrick's strong character and integrity is what caused his ongoing problems with the Georgia Insurance Commission. I think you will see what I mean below.

As I understand it, Mr. Myrick's problems began when a man from Arizona contacted Mr. Myrick in an attempt to blackmail him. This man, allegedly, told Mr. Myrick that unless Mr. Myrick paid him \$50,000, he would report a felony conviction for credit card fraud and acceptance of fraudulent goods (which occurred over 12 years ago) to the Georgia Insurance Commissioners office. This was a dangerous threat as people with felony convictions are not suppose to be selling insurance. Mr. Myrick could have paid this person and avoided this issue entirely. However, Mr. Myrick did not want to give in to the blackmailer's threats, and attempted to self-report this matter to the Georgia Insurance Commissioners office. Apparently, Mr. Myrick, when he was first licensed by the Georgia Insurance Commissioners office thought that he did not have to report theses convictions, because he was under the impression that this conviction had been sealed under Georgia's First Offender program. The First Offender Program is a legislative program offered to qualifying persons who are convicted of a felony, under this program if the individual can complete his probation provisions without violation the conviction will be sealed and not reflected as a conviction in their criminal record.

In any event, I later discovered that for some reason Mr. Myrick's conviction had not been recorded under Georgia's first offender program despite the fact that Mr. Myrick was told by his lawyer that he was sentenced under the first offender program, and despite the fact that he was eligible for the program. In any event, upon Mr. Myrick's learning about his conviction not being classified as a first offender conviction, he immediately contacted the Georgia Insurance Commissioner's office to inform them of the extortionist's demands and he also attempted to self report this situation regarding his conviction classification to the Georgia Insurance Commissioner's office.

Mr. Myrick maintains that even after this incident with the Georgia Insurance Commissioner's office he has been threatened with anonymous phone calls and letters to other states where he is licensed to sell insurance. Mr. Myrick tells me that many State investigations and hearings resulted from these reports, and that all of Mr. Myrick's contracts and licenses were either revoked or suspended until the events in Georgia were resolved. In addition, as you can imagine, Mr. Myrick maintains that his financial position was greatly effected by these events.

Ultimately, a hearing was held on November 21, 2002 wherein an administrative law judge refused to side with the Georgia Insurance Commissioner's attorney. The Judge found that because Mr. Myrick did, self report his circumstances to the State, has had no other problems with the Insurance commissioners office, and because the issues reported were so far in Mr. Myrick's past, that Mr. Myrick should only be suspended for one year.

With this decision, Mr. Myrick can be reinstated in February 2004. However, even with this victory, the decision still opened Mr. Myrick to many investigations, and hearings in other states. Currently, we are also working on obtaining a state pardon of these past convictions and are presently awaiting a response from the State Board of Pardons and Paroles. Throughout this process, I have advised Mr. Myrick to avoid any contacts and/or problems that could complicate his case before the Insurance Commissioner's Office or his pardon application before the Pardons and Parole Board. I hope my letter has answered any question's you may have as to Mr. Myrick's current situation with the Insurance Commissioner's Office. I remain,

Sincerely,



J. STEPHEN MIXON
Attorney for Charles Myrick

JSM/dk



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING, JR., DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056 TDD# (404) 656-4031
www.gainsurance.org

BEFORE THE COMMISSIONER OF INSURANCE

STATE OF GEORGIA

IN THE MATTER OF:

)
)
)

CASE NUMBER 2002-1137

CHARLES L. MYRICK,
Respondent

)

ORDER

The Commissioner of Insurance of the State of Georgia (the Commissioner), acting through the Enforcement Division (Enforcement) of the Georgia Department of Insurance (the Department), has investigated the acts, practices, transactions, and course of business engaged in by CHARLES L. MYRICK (Respondent). As a result of that investigation, on October 8, 2002, the Commissioner, acting through the Chief Deputy Commissioner, issued a Notice and Order of License Revocation in which Respondent's resident insurance agent's license was revoked, effective November 4, 2002, unless timely written request for hearing was made.

On October 18, 2002, Respondent filed a request for hearing regarding said Notice and Order. Pursuant to O.C.G.A. §50-13-40 *et seq.*, Respondent's hearing request was referred to the Office of State Administrative Hearing (OSAH). On November 1, 2002, OSAH issued a Notice of Hearing in which a hearing was scheduled for November 21, 2002, at 1:00 P.M. at OSAH,

235 Peachtree Street, N.E., Suite 700, Atlanta, Georgia, before Administrative Law Judge Deepak Jeyaram.

The hearing convened as scheduled on November 21, 2002, with Administrative Law Judge Jeyaram presiding. Daniel L. Camp, Esquire, Enforcement Attorney, represented the Department. J. Stephen Mixon, Esquire, with the law firm of Millar, Mixon & Hunt, LLC, Jonesboro, Georgia, represented Respondent. At the hearing, sworn testimony and documentary evidence was admitted into the record, and both parties presented closing argument. On January 15, 2003, Administrative Law Judge Jeyaram issued an Initial Decision in this matter. In his Initial Decision, he stated his findings of fact and conclusions of law and gave his recommendation thereon.

The Commissioner of Insurance has carefully reviewed the transcript and all evidence admitted at the aforesaid hearing. Based upon that review, the Commissioner adopts the Findings of Fact and Conclusions of Law as stated in the Administrative Law Judge's "Initial Decision." A copy of that "Initial Decision" is attached hereto and hereby incorporated herein.

INITIAL DECISION

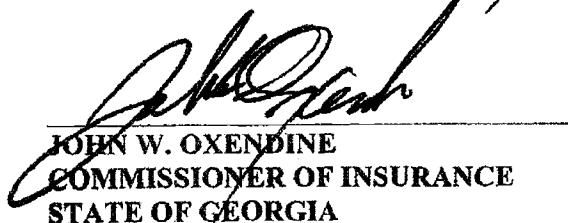
In his Initial Decision dated January 15, 2003, Administrative Law Judge Jeyaram stated that it was his finding that the revocation of Respondent's resident agent's license in the State of Georgia is authorized. His recommendation, however, was that due to Respondent's self-report of the deficiencies in his applications, his commendable community service and business practices as well as the remoteness in time of the convictions and his relatively young age at the time of conviction, that Respondent's license be suspended for a period of one (1) year and a fine imposed as deemed appropriate by the Commissioner.

ORDER

WHEREFORE, having considered the record as a whole and the Administrative Law Judge's recommendation, based on the substantial evidence of record, consistent with that recommendation and pursuant to O.C.G.A. §50-13-41, it is hereby ORDERED as follows:

1. It was stipulated in the record that, although the renewal application form which Respondent filed in August 2002 specifically asked about first offender treatment as well as felony convictions, he did not disclose his 1991 felony disposition on this application. (Tr., pp. 5-6.) The Commissioner, in his discretion, has concluded that a monetary penalty in the amount of FIVE THOUSAND DOLLARS (\$5,000.00) is warranted, pursuant to O.C.G.A. §33-2-24(g).
2. CHARLES L. MYRICK's Georgia resident insurance agent's license is hereby SUSPENDED for a period of ONE (1) YEAR, commencing with the effective date of this ORDER; provided, however, that under no circumstances will his license be reinstated until he has paid in full the monetary penalty specified in ¶1, above.
3. Upon satisfactory completion of the terms of ¶1 and ¶2, above, Respondent, upon application, will be granted a waiver pursuant to 18 U.S.C. §1033(e)(2) with respect to his March 1991 felony conviction in the Superior Court of Clayton County, Georgia.

Given under my Hand and Official Seal, effective this 13th day of February, 2003.



JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
STATE OF GEORGIA

AFFIDAVIT OF CHARLES LEE MYRICK

COMES NOW, Charles Lee Myrick, affiant above named and after being duly sworn deposes and states as follows:

1.

I am sui juris and competent to testify to the matters contained in this affidavit. I make the following representations with my own personal knowledge and for all purposes allowed by the Rules of Civil Procedure including but not limited to introduction into evidence in the case at bar.

2.

On 10 October 2002, I shared the following taped telephone message from August 21, 2002 with J. Stephen Mixon at his office.

3.

I swear and affirm that the following transcript is a true and correct transcript of the recorded telephone message taken from my home telephone on August 21, 2002.

Saved message today 4:24 p.m.

Charles this is Ben Wagner 480-394-0998 think you have had a problem with multiple felonies, forgery, credit card fraud, receiving stolen goods. Also, looks like you haven't taken the time to share that information with various insurance offices in different states where you have applied to sell insurance. You might want to call me back while I am thinking about what to do with that information.

To erase this message....(tape ends)

Further Affiant saith not. This 10 day of October, 2002

Charles Lee Myrick
CHARLES LEE MYRICK

Sworn and prescribed before me
this 10 day of OCTOBER, 2002.

Donna W Kinney
NOTARY PUBLIC



STATE BOARD OF PARDONS AND PAROLES



PARDON

WHEREAS, Charles Myrick, Serial Number EP-226292 was convicted in the court(s) indicated below of the following offense(s) for which he received the sentence(s) hereinafter set forth:

OFFENSE	COURT OF CONVICTION	DATE SENTENCE BEGAN	SENTENCE
Criminal Receipt of Goods Fraudulently Received (Count 1) (90CR215991)	Clayton Superior	3/28/91	3 years
Financial Transaction Card Fraud (Count 3)			3 years concurrent
Forgery 1st Degree (Count 2)			10 years, serve 5 years, balance probated, concurrent (c/f 3/26/91). Commuted 4/4/94

and,

WHEREAS, an application for a Pardon has been filed by the above named individual; and

WHEREAS, having investigated the facts material to the pardon application, which investigation has established to the satisfaction of the Board that the pardon applicant is a law-abiding citizen and is fully rehabilitated;

THEREFORE, pursuant to Article IV, Section II, Paragraph II (a), of the Constitution of the State of Georgia, the Board, without implying innocence, hereby unconditionally fully pardons said individual, and it is hereby

ORDERED that all disabilities under Georgia law resulting from the above stated conviction (s) and sentence (s), as well as, any other Georgia conviction (s) and sentence(s) imposed prior thereto, be and each and all are hereby removed; and

ORDERED FURTHER that all civil and political rights, except the right to receive, possess, or transport in commerce a firearm, lost under Georgia law as a result of the above stated conviction(s) and sentence(s), as well as, any other Georgia conviction(s) and sentence(s) imposed prior thereto, be and each and all are hereby restored.

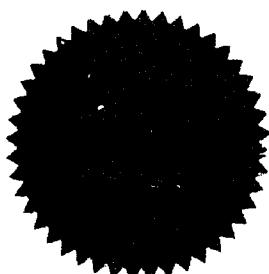
It is directed that copies of this order be furnished to the said applicant and to the Clerk(s) of Court(s) in the County(s) where the above sentence(s) were imposed.

GIVEN UNDER THE HAND AND SEAL of the State Board of Pardons and Paroles, this 13th day of May, 2004.

STATE BOARD OF PARDONS AND PAROLES

FOR THE BOARD:

Linda Winston



MILLAR & MIXON, LLC

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

108 WILLIAMSON MILL ROAD

JONESBORO, GEORGIA 30236

770-477-6360 TELEPHONE

770-477-6380 FACSIMILE

WWW.MILLARANDMIXON.COM

BRUCE R. MILLAR, Esq.

J. STEPHEN MIXON, Esq.

June 3, 2004

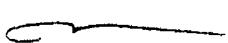
Charles Lee Myrick
2900 Camp Creek Pkwy.
Apt. D-13
College Park GA 30337

Dear Charles:

My office spoke with Dan Camp on June 2, 2004, regarding your pardon and clearing your records on file with his office, in respect to the administrative hearing held in connection with the pardoned criminal charges. Mr. Camp says that his office has no procedure or precedent to follow in dealing with this matter. Additionally, he said that his records and the records from the Office of Administrative Hearings are two separate records. He said it could be possible to get an order from the Superior Court to possibly seal the records, or redact them concerning the criminal charges. He also stated that the records at the national level contain references to the hearing on the criminal charges and a State Court may not have any jurisdiction to order anything on the national level.

Trying to clear all these records may be very expensive, as there does not seem to be any precedent on how to get these records cleared. It may be possible to get a letter on the Insurance Commissions letterhead detailing the circumstances to help with any problems caused by the records. Please contact me so that we can discuss how you want to proceed with this matter, and give me more details on how these records affect your licensing and business operations. I remain,

Sincerely,



J. STEPHEN MIXON

JSM/dk

PRESCRIPTION CARD FAX REQUEST FORMDATE 02-27-2012NAME Bettye GindrattTITLE/POSITION DirectorORGANIZATION Taylor County Social ServicesADDRESS 317 Pecan St., Ste 608CITY AbileneSTATE TexasZIP CODE 79602PHONE NUMBER (325) 674-1341FAX NUMBER (325) 738-8531AMOUNT OF CARDS REQUESTED (English) 2,500(Spanish) 2,500

PLEASE FAX YOUR REQUEST TO: Angie L Collins at (404)305-9539

Filler by APR
3-15-12

Should you have any questions or concerns, please do not hesitate to contact us at (404)767-1072. Also feel free to download a free discount prescription card (Under the Free ACRX Card Download) or place your organization's request for free ACRX discount prescription cards online at <http://www.acrxcards.com>. Also feel free to mail the request form to ACRX, P.O.Box 161336, Atlanta, GA 30321.

FAX is intended to be reviewed initially only by the individual or legal representative or as otherwise authorized by the client. If the initial page is not the intended recipient or a representative, you are prohibited and subject to error, please immediately notify the sender by telephone or fax.

6/5/13
J. Kravitz

MM



American Consultants Rx

"We make sure you get the most for your money."

Florida - Tampa Bay Area

[Approved details](#) [Home](#) [Back](#)

Date : 06/04/2013

Name	Daniel J Kravitz	Organization	The Center for Sight
E-Mail ID	daniel.kravitz@gmail.com	City	Lufkin
Address	2 medical center blvd	State	TX
Phone Number	7023389177	Zip code	75904
Fax		Amount	1000

g Area

Type Your Message Here

Send Mail

AMERICAN CONSULTANTS RX, INC.

PRESCRIPTION CARD FAX REQUEST FORMDATE 10-28-07NAME Gloria G. PerryORGANIZATION Mary L. Peyster FoundationADDRESS 310 N. Mesa, Suite 318CITY El Paso STATE TX ZIP 79901PHONE NUMBER (915) 533-9698FAX NUMBER (915) 533-4320AMOUNT REQUESTED 5.00 or more*Mailed
11/4/07*

Please fax your request to: Dorothy Weathers, Director of Communication,
 American Consultants Rx Inc. at (404) 305-9539.
 Should you have any questions, please call us at
 (404) 767-1072 or visit our website at
<http://www.acrx.org>

NOTE: Duplicates of this form are permitted.

*This is a wonderful thing! I
 get so many uninsured, underinsured
 applicants. This prescription card
 will help them immensely!*

Other agencies are these:

*These
 are good
 agencies*

Nolar - 8922 Viscount Blvd. 79925 *Govt
 agency*

General Assistance - 100 E. Yandell 79901

Project Bravo - 4838 Montana 79903

St. Vincent de Paul - 2104 N. Piedras 79930

Rio Grande Cancer Foundation (915) 562-7841 - fax

Cancer and Chronic Disease Consortium - (915) *telephone
 771-63*

*3/28/13
N
100*

PRESCRIPTION CARD FAX REQUEST FORM

DATE 3-28-13

NAME Lisa Donbey | Dr. Robert Machos

TITLE/POSITION Medical Assistant

ORGANIZATION MCNT | UGMD

ADDRESS 300 5th Ave Ste 300

CITY Fort Worth

STATE TX

ZIP CODE 76104

PHONE NUMBER (817) 224-1400

FAX NUMBER (817) 224-1400

AMOUNT OF CARDS REQUESTED (English) 100 - or as many
as you can
give us.

(Spanish) _____

Janice

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

Should you have any questions or concerns, please do not hesitate to contact us at (404) 767-1072. Also feel free to download a free discount prescription card (Under the Free ACIRX Card Download) or place your organizations request for free ACIRX discount prescription cards online at <http://www.acirx.org>. Also feel free to mail the request form to ACIRX, P.O.Box 161336, Atlanta, GA 30321.

The information in this FAX is confidential and/or privileged. This FAX is intended to be reviewed initially only by the individual named and may only be further disclosed pursuant to the written authorization of the client's legal representative or as otherwise provided in O.C.G.A. Section 7-1-625 (c). If the reader of this transmittal page is not the intended recipient or a representative, you are hereby notified any review, dissemination or copying of the FAX or the information contained herein is prohibited and subject to civil damages and criminal penalties. If you have received this FAX in error, please immediately notify the sender by telephone or return this FAX to the sender at the address shown above. Thank you.

*3/28/13
Will*

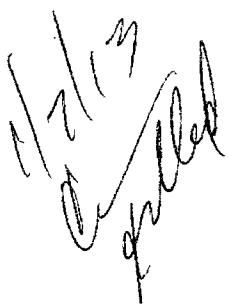


PRESCRIPTION CARD FAX REQUEST FORM

DATE 09-07-2012NAME Sukanya AmbavaramTITLE/POSITION MD / Primary Care ClinicianORGANIZATION Denton County Health Dept.ADDRESS 535 S. Loop 288CITY DentonSTATE TX ZIP CODE 76205PHONE NUMBER 940-349-2900FAX NUMBER 940-349-2901AMOUNT OF CARDS REQUESTED (English) 100 (One hundred)

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539



Should you have any questions or concerns, please do not hesitate to contact us at (404) 767-1072. Also feel free to download a free discount prescription card (Under the Free ACIRX Card Download) or place your organization's request for free ACIRX discount prescription cards online at <http://www.acirx.org>. Also feel free to mail the request form to ACIRX, P.O. Box 161336, Atlanta, GA 30321.

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Any Baby Can
a Family
Resource Center



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Date : 01/08/2013

Name	kathleen hopkins	Organization	any baby can
E-Mail ID	kathleenh@anybabycan.org	City	Austin
Address	1121 E. 7th Street	State	TX
Phone Number	512.454.3743	Zip code	78701
Fax	512.334.4465	Amount	75

Message Area

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Any Baby Can
Austin

Send Mail

1/8/13
O. Bell

*Janis**False
Done***PRESCRIPTION CARD FAX REQUEST FORM**DATE 11-25-2012NAME JANIS HARLANDTITLE/POSITION AdministratorORGANIZATION PLEASANT GROVE MISSIONARY BAPTIST CHADDRESS 3801 CONTI STREETCITY HOUSTONSTATE TEXAS ZIP CODE 77020PHONE NUMBER 713-228-5470FAX NUMBER 713-222-0476AMOUNT OF CARDS REQUESTED (English) 1,000*1,000*

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*11/26/13
Janis*

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PRESCRIPTION CARD FAX REQUEST FORM

DATE

9/13/12

NAME

Chris Tustin

TITLE/POSITION

Program Supervisor VI

ORGANIZATION

Central Counties Services

ADDRESS

100 E Ave A

CITY

KILLEEN

STATE

TX

ZIP CODE

76541

PHONE NUMBER

254-526-4146

FAX NUMBER

254-526-9351

AMOUNT OF CARDS REQUESTED (English)

1000

(Spanish) 100

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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1/18/13
filled
CJ

PRESCRIPTION CARD FAX REQUEST FORM

DATE 1-16-13
NAME John Key
TITLE/POSITION Exec Dir
ORGANIZATION EOAC
ADDRESS 500 Franklin Ave
CITY WACO
STATE TX ZIP CODE 76701-2111
PHONE NUMBER 254-753-0331
FAX NUMBER 254-754-0046
AMOUNT OF CARDS REQUESTED (English) 75

(Spanish) 65

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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John

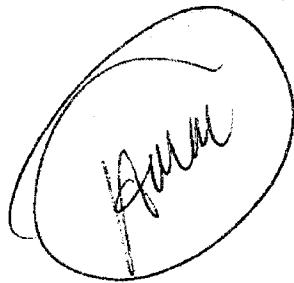
1/21/13
John
2

**PRESCRIPTION CARD FAX REQUEST FORM**DATE JANUARY 16, 2013NAME Julian RussellTITLE/POSITION Resident Support SpecialistORGANIZATION Salvation ArmyADDRESS 1901 E. Seminary Dr.CITY Fort Worth, TexasSTATE TEXASZIP CODE 76119PHONE NUMBER 817 531-2923FAX NUMBER 817 535-2330AMOUNT OF CARDS REQUESTED (English) 250 200(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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1/21/13
Julian Russell

*Betty
Weathers*

PRESCRIPTION CARD FAX REQUEST FORM

DATE 11-24-2012

NAME Rick Vasquez

TITLE/POSITION Founder

ORGANIZATION TEXAS Person Ministry

ADDRESS 7520 Hillcroft St.

CITY Houston

STATE TEXAS ZIP CODE 77081

PHONE NUMBER 713-270-9434

FAX NUMBER 713-589-2491

AMOUNT OF CARDS REQUESTED (English) 5,000

(Spanish) 15,000

11/11/13
Ch. 11/11/13
of 2
11/11/13
Ch. 11/11/13
of 2

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PRESCRIPTION CARD FAX REQUEST FORMDATE 2/21/13NAME Glen E. Alexander, RN, CPNPTITLE/POSITION DirectorORGANIZATION Alexander Children Health ServicesADDRESS 2128 Proctor StreetCITY Port Arthur, TXSTATE Texas ZIP CODE 77640PHONE NUMBER 409 983 1862FAX NUMBER 409 983 1823AMOUNT OF CARDS REQUESTED (English) 500(Spanish) 500

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*2/21/13
John Miller*



PRESCRIPTION CARD FAX REQUEST FORM

DATE 2-12-13

NAME Pamela Rivera

TITLE/POSITION Pastor

ORGANIZATION St. Luke African Methodist Episcopal Church

ADDRESS 117 E Church St

CITY Waco

STATE TX ZIP CODE 76704

PHONE NUMBER 254-752-0502

FAX NUMBER 254-752-7107

AMOUNT OF CARDS REQUESTED (English) 200

(Spanish) _____

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PRESCRIPTION CARD FAX REQUEST FORM

DATE 11-23-11NAME Diane StalnakerTITLE/POSITION lyn/ownerORGANIZATION East Texas ClinicADDRESS 201-A Pine Tree RoadCITY LongviewSTATE Tx ZIP CODE 75604PHONE NUMBER 903 759-4966FAX NUMBER 903-759-3414AMOUNT OF CARDS REQUESTED (English) 500

(Spanish) _____

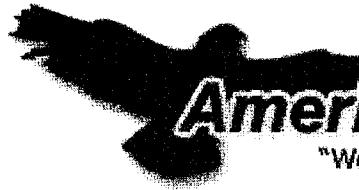
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ACIRX
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AMM

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Date : 10/12/2011

Name	Angela Menchaca	Organization	Tx. Dept of State Health Services
E-Mail ID	angela.menchaca@dshs.stat	City	athens
Address	708 East Corsicana	State	texas
Phone Number	903-675-7742	Zip code	75751
Fax	903-675-3622	Amount	100 english 100 spanish

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by
BFC
10-12-11 - AMM

PRESCRIPTION CARD FAX REQUEST FORMDATE 1-24-12NAME Jane Collins, RNTITLE/POSITION R.N. School NurseORGANIZATION Nitsch ElementaryADDRESS 4702 W. Mt. HoustonCITY HoustonSTATE TX ZIP CODE 77088PHONE NUMBER 832-484-6383FAX NUMBER 832-484-7321AMOUNT OF CARDS REQUESTED (English) 655(Spanish) 345 350**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539***Filed by
ACR
1-30-12
Ann*

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Video
Done

PRESCRIPTION CARD FAX REQUEST FORM

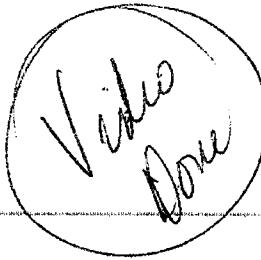
DATE 1/24/12NAME Correne Lynch-FierroTITLE/POSITION Program ManagerORGANIZATION Communities In Schools of N. TexasADDRESS 1900 Walker LaneCITY Little ElmSTATE TX ZIP CODE 75068PHONE NUMBER 972-292-1840 ext 26005FAX NUMBER 972-292-3505AMOUNT OF CARDS REQUESTED (English) 50(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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Filled by
AFC
1-30-12
Amm

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Date : 01/08/2013

Name	Diana Ramos	Organization	Pal's Activity Center
E-Mail ID	palsactivity@gmail.com	City	Pasadena
Address	1007 Burke Rd.	State	Texas
Phone Number	713-472-6040	Zip code	77506
Fax	713-472-7080	Amount	72 english card and 20 sp

Additional Area **g Area**

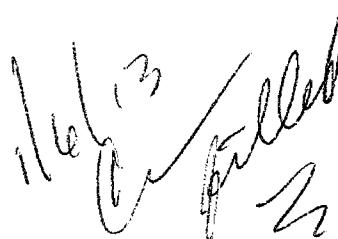
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PRESCRIPTION CARD FAX REQUEST FORMDATE 12/26/12NAME Jose MelendezTITLE/POSITION Executive DirectorORGANIZATION Armed Services YMCAADDRESS 7060 Comington StreetCITY El PasoSTATE TXZIP CODE 79930PHONE NUMBER (915) 562-8461FAX NUMBER (915) 565-0306AMOUNT OF CARDS REQUESTED (English) 60(Spanish) 40**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539**

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12/26/12
Dorothy Weathers

PRESCRIPTION CARD FAX REQUEST FORM

DATE Jan 30, 2012

NAME Erica Hansley

TITLE/POSITION Campus Coordinator

ORGANIZATION Communities In Schools

ADDRESS 2800 North 6th St.

CITY Abilene

STATE TX ZIP CODE 79603

PHONE NUMBER (325) 677-1731 ext. 853

FAX NUMBER (325) 794-1387

AMOUNT OF CARDS REQUESTED (English) 150

Written Up
2-4-12
ac

(Spanish) 20

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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fmw
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PRESCRIPTION CARD FAX REQUEST FORM

DATE 30 Nov 11NAME RICHARD A. MARSHALL, SrTITLE/POSITION ADJUTANT / QUARTERMASTERORGANIZATION VFW Post 6873ADDRESS 1049 VETERANS DRCITY ABILENESTATE TXZIP CODE 79605PHONE NUMBER 325-692-0222FAX NUMBER 325-692-8244AMOUNT OF CARDS REQUESTED (English) 50(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*F.1/6/11
b7
b7c
1-16-12
JMM*

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**Fax Request Full Details**[Approved details](#) [Home](#) [Back](#)**Date : 05/03/2010**

Name	shewanna giles	Organization	Magellan Health services
E-Mail ID	slgiles@magellanhealth.co	City	fort worth
Address	251 W. Lancaster #117 Fort worth, TX 76102 Attn E	State	tx
Phone Number	817-348-9908	Zip code	76102
Fax	817-882-0522	Amount	300 english /200 spanish

Mailing Area **Area**

Type Your Message Here

PRESCRIPTION CARD FAX REQUEST FORM

DATE 1-24-14NAME Helen Ch. IdresTITLE/POSITION LvnORGANIZATION Robert Zimmerman MDADDRESS 1110 E. Austin St. Bldg A.CITY ParisSTATE TX ZIP CODE 75460PHONE NUMBER 903-785-6730FAX NUMBER 903-785-6740AMOUNT OF CARDS REQUESTED (English) 50(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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NOPE

PRESCRIPTION CARD FAX REQUEST FORM

DATE 11-28-11NAME LINDA BuechterTITLE/POSITION CEOORGANIZATION BRAZORIA County Alcoholic Recovery Center, INC.ADDRESS 1103 N. AVENUE HCITY FREEPORTSTATE TXZIP CODE 77542PHONE NUMBER 979-233-3826FAX NUMBER 979-233-3708AMOUNT OF CARDS REQUESTED (English) 100(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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11/28/11
11/28/11

DW

PRESCRIPTION CARD FAX REQUEST FORM

DATE 11/18/11
NAME Aaron M. Fischer
TITLE/POSITION Clinic Manager
ORGANIZATION Agape Clinic
ADDRESS 4105 Junius Street
CITY Dallas
STATE TX ZIP CODE 75246
PHONE NUMBER 214-824-2744
FAX NUMBER 214-823-9951
AMOUNT OF CARDS REQUESTED (English) 50
(Spanish) 100

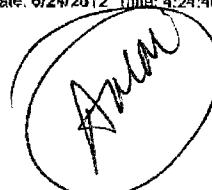
PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*F.118
b7
ACR
1-4-12*

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DW



PRESCRIPTION CARD FAX REQUEST FORM

DATE 6/25/12NAME Sonia FloresTITLE/POSITION DMORGANIZATION Home Care ConnectionsADDRESS 1012 Grimesfield Rd. Garnerfield RdCITY Uvalde UvaldeSTATE TX ZIP CODE 78801PHONE NUMBER 830-591-0770FAX NUMBER 830-591-0780AMOUNT OF CARDS REQUESTED (English) 50

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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PRESCRIPTION CARD FAX REQUEST FORMDATE 6/21/13NAME Shawn SlotteTITLE/POSITION Financial Coor.ORGANIZATION Academy of Starrz dba Kids R KidsADDRESS 2430 Country Rd. 90CITY PearlandSTATE TexasZIP CODE 77584PHONE NUMBER (713) 436-2932FAX NUMBER (713) 436-2801AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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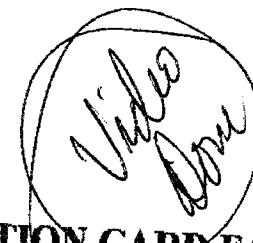
Rg Vid PupW. 2013
J. 2013

PRESCRIPTION CARD FAX REQUEST FORMDATE 4/2/13NAME Angela MenchacaTITLE/POSITION RNBSN ; Clinic Charge NurseORGANIZATION Tx. Dept State Health ServicesADDRESS 708 E. Corsicana EastCITY AthensSTATE TXZIP CODE 75751PHONE NUMBER 903-675-7742FAX NUMBER 903-675-3622AMOUNT OF CARDS REQUESTED (English) 200(Spanish) 150**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539**

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4/25/13
4/25/13
4/25/13
4/25/13



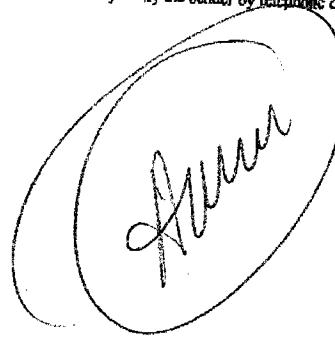
PRESCRIPTION CARD FAX REQUEST FORM

DATE 4/ 8 / 2013NAME Melissa Garcia, RNTITLE/POSITION Alternate AdministratorORGANIZATION NURSES ON WHEELS, INCADDRESS 1101 3rd StreetCITY Corpus ChristiSTATE TEXASZIP CODE 78404PHONE NUMBER 1 800 897 4082FAX NUMBER 1 361 814 4918AMOUNT OF CARDS REQUESTED (English) 50(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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PRESCRIPTION CARD FAX REQUEST FORM

DATE 4/8/13

NAME Vernon Lockett

TITLE/POSITION Owner

ORGANIZATION Social Worker

-Pathway

ADDRESS 2606 South Loop West #240

CITY HOUSTON

STATE TX ZIP CODE 77054

PHONE NUMBER 713 432 0381

FAX NUMBER 713 592 9461

AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) 100

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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HS
02/08/12

Video
Done

PRESCRIPTION CARD FAX REQUEST FORM

DATE 5-18-12

NAME Sandy Dickey

TITLE/POSITION Executive Director

ORGANIZATION Children and Community Health

ADDRESS 120 S. Central Expressway Suite 102

CITY McKinney

STATE TX ZIP CODE 75070

PHONE NUMBER 972-547-0606

FAX NUMBER 972-547-0851

AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) 100

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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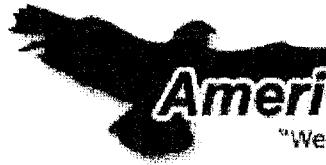
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W/21/12
Sandy Dickey

Jeff

Anna

*Video
Done*



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Approved Full Details

Approved details Home Back

Date : 07/09/2012

Name	Vicki Westover	Organization	HIS Ministries
E-Mail ID	hisministries@yahoo.com	City	Santa Fe
Address	P.O. Box 1426	State	Tx
Phone Number	409-925-4697	Zip code	77510
Fax	409-927-4109	Amount	100 English 50 Spanish

Type Message Area

Type Your Message Here

Send Mail

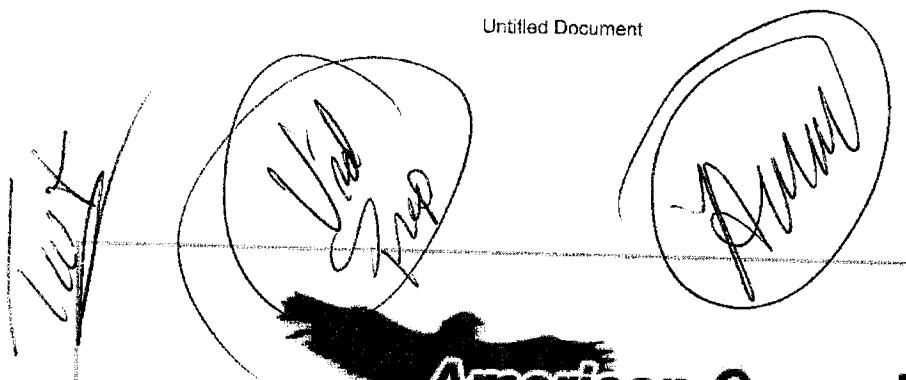
*Mark
O'Farrell*

PRESCRIPTION CARD FAX REQUEST FORMDATE 08-24-2012NAME Carla RhodesTITLE/POSITION Director WICORGANIZATION WICADDRESS 740 S.W 6thCITY ParisSTATE TXZIP CODE 75460PHONE NUMBER 903-784-1411FAX NUMBER 903-784-1442AMOUNT OF CARDS REQUESTED (English) 100(Spanish) 100

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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FAX Request Form Details

Approved details Home Back

Date : 07/09/2012

Name	Danna Dyess	Organization	Methodist Healthcare Ministries
E-Mail ID	ddyess@mhm.org	City	Seguin
Address	710 N. Austin Street	State	Tx
Phone Number	830-379-4112 ex	Zip code	78155
Fax	830-401-4112	Amount	100

Message Area

Type Your Message Here

Send Mail

PRESCRIPTION CARD FAX REQUEST FORMDATE 5/21/2012NAME Paula S. GómezTITLE/POSITION Executive DirectorORGANIZATION Brownsville Community Health CenterADDRESS 191 E. Price Rd.CITY BrownsvilleSTATE TEXAS ZIP CODE 78521PHONE NUMBER (956) 548-7400FAX NUMBER (956) 544 1662AMOUNT OF CARDS REQUESTED (English) 500(Spanish) 1500**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539**

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W. 2/12
Weathers5/20/12
Weathers

PRESCRIPTION CARD FAX REQUEST FORMDATE 1-13-14NAME Darla SloanTITLE/POSITION SecretaryORGANIZATION Crow Elementary SchoolADDRESS 1201 Coke Dr.CITY ArlingtonSTATE Texas ZIP CODE 76010PHONE NUMBER 682-867-1850FAX NUMBER 817-801-1855AMOUNT OF CARDS REQUESTED (English) 300(Spanish) 300

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

WD
VW
M. J. Miller
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VW
J. Miller

DW

PRESCRIPTION CARD FAX REQUEST FORMDATE 03-16-2010NAME Rick Gutierrez RNTITLE/POSITION Nursing SupervisorORGANIZATION Anise Home Health Care

(215)

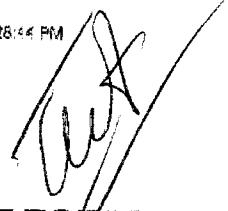
ADDRESS 215 W 9thCITY Mission MISSIONSTATE TXZIP CODE 78572PHONE NUMBER 956-580-1155FAX NUMBER 956-580-7911AMOUNT OF CARDS REQUESTED (English) 125(Spanish) 125

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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PR
7/14/113/14/10
mailedAnise Home Care
Health Care



PRESCRIPTION CARD FAX REQUEST FORM

DATE 5/24/10NAME DESIREE JOLLEYTITLE/POSITION CLIENT SERVICES DIRECTORORGANIZATION CYPRESS ASSISTANCE MINISTRIESADDRESS 11202 HUFFMEISTER RD.CITY HOUSTONSTATE TX ZIP CODE 77065PHONE NUMBER 281-955-7684FAX NUMBER 281-955-7695AMOUNT OF CARDS REQUESTED (English) 200(Spanish) 200

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

Filled
6/8/10
ac

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PL
7/4/11

PRESCRIPTION CARD FAX REQUEST FORM

DATE 7/16/2010

NAME Luz Covarrubias

TITLE/POSITION Director

ORGANIZATION Bethel Center of Nat Verde, Inc

ADDRESS 900 E. 13th St

CITY Del Rio

STATE TX

ZIP CODE 78840

PHONE NUMBER 830 775-1610

FAX NUMBER 830 703-8337

AMOUNT OF CARDS REQUESTED (English) 50

(Spanish) 50

PLEASE FAX YOUR REQUEST TO Dorothy Weathers at (404) 395-5539

Twinkled
7/2/10

Filled
7/9/10
a.c.

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PR
7/14/11

PRESCRIPTION CARD FAX REQUEST FORM

DATE 5-6-10

NAME Billy Sipes

TITLE/POSITION

ORGANIZATION Newsweek

ADDRESS 6794 Cottonwood Trl

CITY Gilmer

STATE TX

ZIP CODE 75645

PHONE NUMBER 75645

575631-0515

FAX NUMBER

AMOUNT OF CARDS REQUESTED (English)

500

(Spanish)

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PL
7/16/11

Follow up
6-23-11
Phone just ringed

PRESCRIPTION CARD FAX REQUEST FORM

DATE 11-4-13NAME Tammy McCormackTITLE/POSITION Office ManagerORGANIZATION Legacy Counseling CenterADDRESS 4054 McKinney Ave., Suite 102CITY DallasSTATE Texas ZIP CODE 75204PHONE NUMBER (214) 520-6308FAX NUMBER (214) 521-9172AMOUNT OF CARDS REQUESTED (English) 300(Spanish) 75NO PIC

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

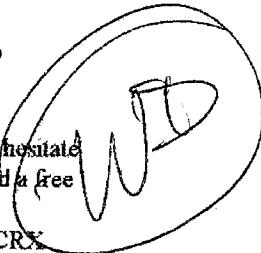
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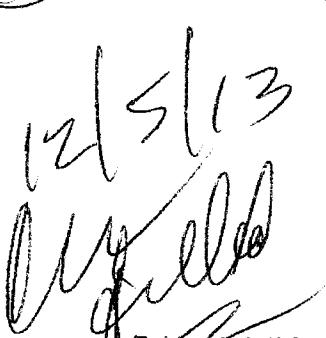
W.D. WeathersWD

**PRESCRIPTION CARD FAX REQUEST FORM**DATE 1/5/13NAME Betty GreenTITLE/POSITION SecretaryORGANIZATION Greater Mt Pleasant BCADDRESS 1403 Morrell AveCITY DallasSTATE TXZIP CODE 75204 75203PHONE NUMBER 214 946-4532FAX NUMBER 214 946 3410AMOUNT OF CARDS REQUESTED (English) 50

(Spanish) _____


PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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1403 Morrell Ave
Dallas TX 75203

PRESCRIPTION CARD FAX REQUEST FORMDATE 4-1-13NAME MICHAEL E JONESTITLE/POSITION MDORGANIZATION MICHAEL E JONES MDADDRESS 1121 BRIARCREST DR SUITE 303CITY BRYANSTATE TX ZIP CODE 77802PHONE NUMBER 979-774-1500FAX NUMBER 979-774-7160AMOUNT OF CARDS REQUESTED (English) 50(Spanish)

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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PRESCRIPTION CARD FAX REQUEST FORM

DATE 2-12-13

NAME _____

Mark D. Francis, M.D.
12025 Louetta, Ste. A
Houston, TX 77070
Phone 281-370-0484
Fax 281-251-7626

CITY

STATE ZIP CODE

PHONE NUMBER 281-370-0487

FAX NUMBER 231-251-87626

AMOUNT OF CARDS REQUESTED (English) 75

(Spanish)

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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2/21/13
De filled

THANK YOU SO
MUCH !!

PRESCRIPTION CARD FAX REQUEST FORMDATE 6-10-13NAME BHUPALA R KALLEPALLI*Kallepalli*TITLE/POSITION MDORGANIZATION WEST TEXAS BEHAVIORAL HEALTH-PAADDRESS 3301 101 st StCITY LubbockSTATE TXZIP CODE 79423PHONE NUMBER 806-281-9966FAX NUMBER 806-281-9964AMOUNT OF CARDS REQUESTED (English) 20(Spanish) 10

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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~~Calicoes~~
~~Reserve~~
A. S. & Co
England
PRES

PRESCRIPTION CARD FAX REQUEST FORM

DATE 4-11-13

NAME Marci Shelby

TITLE/POSITION CFO

ORGANIZATION Brazos Place

ADDRESS 1103 North Ave fl

ADDRESS 1005 NW 100TH
CITY MIAMI STATE FL ZIP 33174

CITY Freeport

STATE TX ZIP CODE 77001

PHONE NUMBER 919 233 3826

FAX NUMBER _____

AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Angie L Collins at (404)305-9539

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[Handwritten signature]

Ann

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Fax Request Full Details

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Date : 04/02/2013

Name	Anna Cortez, Reg, CPht.	Organization	City of Laredo Health Dept Pharmacy
E-Mail ID	acortez@ci.laredo.tx.us	City	Laredo
Address	2600 Cedar Avenue	State	Texas
Phone Number	9567954909	Zip code	78040
Fax	9567952419	Amount	400 Spanish 100 in English

Mailing Area **Area**

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*4/2/13
Yester*

J. Dunn

PRESCRIPTION CARD FAX REQUEST FORMDATE 4/2/13NAME Pastor Mark GrahamTITLE/POSITION Senior PastorORGANIZATION Overcoming Word Praise CenterADDRESS 4301 Cedar ElmCITY Wichita FallsSTATE TXZIP CODE 76308PHONE NUMBER 940-692-9673FAX NUMBER 940-264-6641AMOUNT OF CARDS REQUESTED (English) 100(Spanish) 100

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9889

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Overcoming Word Praise Center
4301 Cedar Elm Ln
Wichita Falls, TX 76308

Rebel

PRESCRIPTION CARD FAX REQUEST FORM

DATE 4-8-13

NAME Marci Shelby

TITLE/POSITION CFO

ORGANIZATION Brazos Place

ADDRESS 1103 N. Avenue H

CITY Freeport

STATE TX ZIP CODE 77541

PHONE NUMBER 979-233-3826

FAX NUMBER 979-233-3708

AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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**PRESCRIPTION CARD FAX REQUEST FORM**DATE 02/11/13NAME Donald R. Samuel MDTITLE/POSITION Supervising PhysicianORGANIZATION Clinic for Women's HealthADDRESS 605 W. Gibson St.CITY IrvingSTATE TX ZIP CODE 75956PHONE NUMBER 409-489-0500FAX NUMBER 409-383-1822AMOUNT OF CARDS REQUESTED (English) 500(Spanish) 250**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 365-9539**

Should you have any questions or concerns, please do not hesitate to contact us at (404) 767-1072. Also feel free to download a free discount prescription card (Under the Free ACIRX Card Download) or place your organization's request for free ACIRX discount prescription cards online at <http://www.acirx.org>. Also feel free to mail the request form to ACIRX, P.O.Box 161336, Atlanta, GA 30321.

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**Fax Request Full Details**[Approved details](#) [Home](#) [Back](#)**Date :** 02/15/2013

Name	Brenda Hoover	Organization	East Texas Medical Center Mt Vernon
E-Mail ID	mv_hoob@etmc.org	City	Mt Vernon
Address	PO BOX 477	State	Texas
Phone Number	903-537-8000	Zip code	75457
Fax		Amount	75

Mailing Area

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FAX CARD

PRESCRIPTION CARD FAX REQUEST FORM

DATE 2/13/13
NAME God B. Reid
TITLE/POSITION Deftan
ORGANIZATION Delta Coastal Dialysis
ADDRESS 4300 SFD 8th 22
CITY Corpus Christi
STATE TX ZIP CODE 78411
PHONE NUMBER 361-855-9449
FAX NUMBER 361-855-6398
AMOUNT OF CARDS REQUESTED (English) 100
(Spanish) 5

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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2/13/13
2/13/13
2/13/13

4300 South Padre Island Dr. Ste 2-
Corpus Christi, TX 78411

PRESCRIPTION CARD FAX REQUEST FORM

DATE 02/13/13
NAME Khoa D. Tran, MD
TITLE/POSITION Doctor
ORGANIZATION Houston Head & Neck Surgical
ADDRESS 10311 N. Eddinger PKWY
CITY Houston
STATE Texas ZIP CODE 77045
PHONE NUMBER 281.897.1112
FAX NUMBER 281.897.9993
AMOUNT OF CARDS REQUESTED (English) 600
(Spanish) 600

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*2/13/13
Khoa D. Tran*

Dorothy
Weathers**PRESCRIPTION CARD FAX REQUEST FORM**

DATE

9/17/2012

NAME

John R. Gilmore MD

TITLE/POSITION

physician & owner

ORGANIZATION

Dr. John Gilmore - ENT

ADDRESS

8230 Walnut Hill Ln. Suite 308

CITY

Dallas

STATE

TX

ZIP CODE 75231

PHONE NUMBER

(214) 361-5285

FAX NUMBER

(214) 946-7844

AMOUNT OF CARDS REQUESTED (English) 50

(Spanish) 25

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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**PRESCRIPTION CARD FAX REQUEST FORM**DATE 02-12-13NAME Zeba Barlas MDTITLE/POSITION MDORGANIZATION FUQUA Medical CenterADDRESS 4407 W FUQUA Suite A'CITY HOUSTONSTATE TX ZIP CODE 77043PHONE NUMBER 713-433-2500FAX NUMBER 713-433-3513AMOUNT OF CARDS REQUESTED (English) 100(Spanish) 100

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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PRESCRIPTION CARD FAX REQUEST FORMDATE 11-1-12NAME Amy RedusTITLE/POSITION Clinic AdminORGANIZATION The Epilepsy Foundation of TexasADDRESS 2630 Fountain View Dr. #210CITY HoustonSTATE TX ZIP CODE 77057PHONE NUMBER 713-789-6295FAX NUMBER 713-789-4944AMOUNT OF CARDS REQUESTED (English) 10(Spanish) 10**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539**

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A handwritten signature in black ink, appearing to read "11-1-12 Amy Redus".

PRESCRIPTION CARD FAX REQUEST FORM

DATE 01/30/12 Written up
2-4-12
ac

NAME Lucy Martinez

TITLE/POSITION Office Manager

ORGANIZATION Blessing Homecare Serv, inc

ADDRESS 3845 fm 1960 W #345

CITY Houston

STATE TX ZIP CODE 77068

PHONE NUMBER 281-440-1001

FAX NUMBER 281-440-4568

AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) 40

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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AMM

PRESCRIPTION CARD FAX REQUEST FORM

DATE

1/30/12

Written up
2-4-12
AC

NAME

Florence Anyanwu

TITLE/POSITION

DON, Administrator

ORGANIZATION

Emmaco Home Health Services, Inc.

ADDRESS

8303 SW Fwy #224

CITY

Houston

STATE

TX ZIP CODE 77074

PHONE NUMBER

713 777 2376

FAX NUMBER

713 777 2333

AMOUNT OF CARDS REQUESTED (English)

80

(Spanish) 20

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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DWM

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PRESCRIPTION CARD FAX REQUEST FORM

DATE Jan 30, 2012
NAME Erica Hansley
TITLE/POSITION Campus Coordinator
ORGANIZATION Communities In Schools
ADDRESS 2800 North 6th St.
CITY Abilene
STATE TX ZIP CODE 79603
PHONE NUMBER (325) 677-1731 ext. 853
FAX NUMBER (325) 794-1387
AMOUNT OF CARDS REQUESTED (English) 150

Written Up
2-4-12
ac

(Spanish) 20

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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AMM
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Witten-UP
2-4-12
AC

PRESCRIPTION CARD FAX REQUEST FORM

DATE 2/1/12

NAME Sylvia L Addison

TITLE/POSITION Executive Director

ORGANIZATION Greater Calvary Lites of Passage

ADDRESS 6510 Beckman Dr.

CITY Austin

STATE Texas ZIP CODE 78723

PHONE NUMBER 512-451-6170

FAX NUMBER 512-302-9806

AMOUNT OF CARDS REQUESTED (English) 50

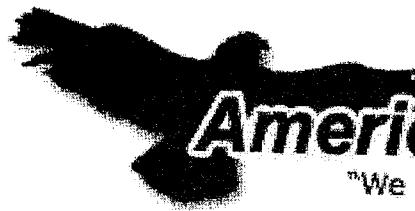
(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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AMM



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Fax Request Full Details

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Date : 01/17/2012

Name	Tony Sanchez	Organization	Primera Baptist Church
E-Mail ID	chezan2@aol.com	City	Mission
Address	PO Box 1839	State	TX
Phone Number	9565854711	Zip code	78573
Fax	9565854711	Amount	30

Message Area

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F/Hc
by
ARC
Ann 1-17-12

Send Mail

PRESCRIPTION CARD FAX REQUEST FORM

DATE Aug. 18, 2009
 NAME David R. Houston
 TITLE/POSITION Pastor
 ORGANIZATION Smith Temple COFC
 ADDRESS P.O. Box 8653
 CITY Tyler
 STATE TX ZIP CODE 75711
 PHONE NUMBER (903) 595-4427
 FAX NUMBER (903) 595-4914
 AMOUNT OF CARDS REQUESTED (English) 300

(Spanish)

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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**American Consultants Rx***"We make sure you get the most for your money."***Fax Request Full Details**[Approved details](#) [Home](#) [Back](#)**Date : 11/16/2009**

Name	Lenola Tutt	Organization	Tri-County Community Action Agency, Inc.
E-Mail ID	yolanda1davis@yahoo.com	City	Center
Address	1121 Hurst Street	State	TX
Phone Number	936-598-6315	Zip code	75935
Fax	936-598-7272	Amount	2,000 Eng 1, 000 Span

Mailing Area

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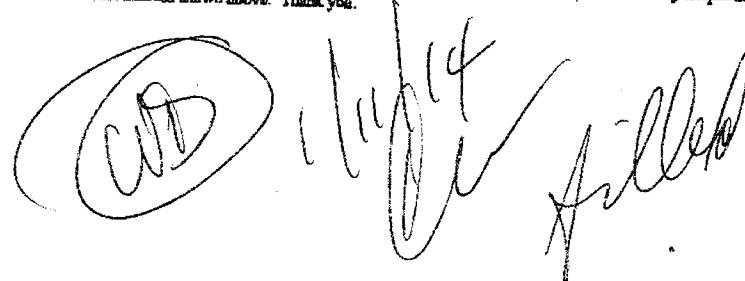
PRESCRIPTION CARD FAX REQUEST FORM

DATE 01/08/14
NAME Angela Parks RN
TITLE/POSITION Director of Nursing
ORGANIZATION SPJST #2
ADDRESS 8611 Main St.
CITY Needville NEEDVILLE
STATE Tx. ZIP CODE 77461
PHONE NUMBER 979-793-4256
FAX NUMBER 979-793-3150
AMOUNT OF CARDS REQUESTED (English) 10
(Spanish) 10

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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[Handwritten Signature]

PRESCRIPTION CARD FAX REQUEST FORM

DATE 6-1-2009

NAME PAT Kirby

TITLE/POSITION Case Manager

ORGANIZATION Tei-County Outreach - F.S.S.E.T

ADDRESS 501 West Bluff

CITY Woodville

STATE Texas

ZIP CODE 75979

PHONE NUMBER 409-283-5887

FAX NUMBER 409-283-8720

AMOUNT OF CARDS REQUESTED (English) 200 (if possible)

(Spanish) 50

Patricia R.P.R. C.P.C.
PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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[Handwritten Signature]

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RR
PB
TJ

PRESCRIPTION CARD FAX REQUEST FORM

DATE 10/7/09

NAME Dr Meena Parekh

TITLE/POSITION Pediatrician

ORGANIZATION Spring Creek Pediatrics

ADDRESS 110 Medical Dr., Ste 104

CITY Victoria

STATE Texas ZIP CODE 77904

PHONE NUMBER 361- 572- 9600

FAX NUMBER 361- 572- 4417

AMOUNT OF CARDS REQUESTED (English) 50

(Spanish) 25

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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10/14/09
J. M. Parekh

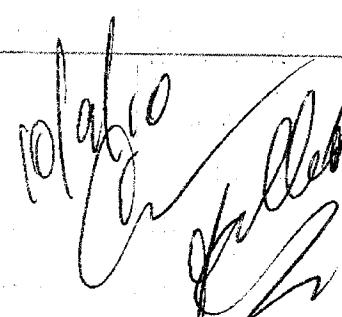
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**Fax Request Full Details**[Approved details](#) [Home](#) [Back](#)**Date : 10/09/2010**

Name	Maureen Schein	Organization	Community Resource & Recreation Center
E-Mail ID	mjschein@gvtc.com	City	Canyon Lake
Address	P.O. Box 1472	State	TX
Phone Number	830-964-2324	Zip code	78133
Fax	830-964-2804	Amount	50

Mailing Area

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NORTH STREET
CHURCH OF CHRIST
3914 North Street • Nacogdoches, TX • 75965

Facsimile Transmittal Sheet

To: Dorothy Weathers From: (Kim Olay) Office Manager
Company: North St. Church of Christ Date: 1/16/13
Fax Number: # (409) 305-9539 Total no. of pages including cover: 2
Phone Number: (936) 574-2471
Re: Free Discount Prescription Card

Urgent For Review Please Comment Please Reply

Notes/Comments:

We would love some cards
here at the church to hand
out to those that need them! :)

THANK YOU

1/16/13
Willa

northstreetchurch.com
northstreetchurch@gmail.com

936.564.2471
Fax 936.564.0126

PRESCRIPTION CARD FAX REQUEST FORM

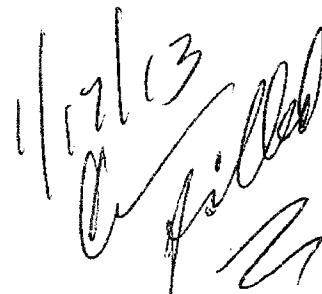
DATE 1/16/13
NAME Kimberly O'Day
TITLE/POSITION North St. Church of Christ (Office Manager)
ORGANIZATION North St. Church of Christ
ADDRESS 3914 North St
CITY Nacogdoches
STATE Texas ZIP CODE 759605
PHONE NUMBER (936) 564-2471
FAX NUMBER (404) 570-0126
AMOUNT OF CARDS REQUESTED (English) 15 or 20

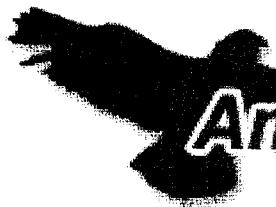
(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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Fax Request Full Details

Request ID : 4876 Date : 04/04/2012

Approved details Home Back

Date : 02/04/2012

Name : Mary Whitten

Organization : BQJ
ELEMENTARY

E-Mail ID : mwhitten@nacisd.org

City : Nacogdoches

Address : 907 N Sanders

State : TX

Phone Number : 9365695040

Zip code : 75964

Fax : 9365695796

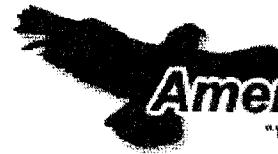
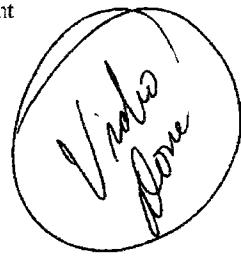
Amount : 150

Message Area

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ARC
2-4-12

Amn

**American Consultants Rx**

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Fax Request Full Details[Approved details](#) [Home](#) [Back](#)**Date :** 04/01/2013

Name	Kim Gibson	Organization	Epilepsy Foundation
E-Mail ID	kgibson@etfx.org	City	Houston
Address	2630 Fountain View Suite 210	State	TX
Phone Number	713-789-6295	Zip code	77057
Fax		Amount	500

Mailing Area **G Area**

Type Your Message Here



PRESCRIPTION CARD FAX REQUEST FORMDATE 4-3-13NAME BHUPALA R KALLEPALLITITLE/POSITION MDORGANIZATION WEST TEXAS BEHAVIORAL HEALTH NETWORKADDRESS 3301 101st St 101st St.CITY DUBBOCKSTATE TXZIP CODE 79423PHONE NUMBER 806-281-9966FAX NUMBER 806-281-9964AMOUNT OF CARDS REQUESTED (English) 50

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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4/4/13
filled
by

PRESCRIPTION CARD FAX REQUEST FORM

DATE 2/21/12

NAME Tammy Hazelott

TITLE/POSITION Office Manager

ORGANIZATION Dr. O. Keith Dishman

ADDRESS 4311 Oak lawn Suite C125

CITY Dallas

STATE TX

ZIP CODE 75219

PHONE NUMBER 214-521-0929

FAX NUMBER 214-521-2502

AMOUNT OF CARDS REQUESTED (English) 10

(Spanish) 10

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*Rec'd
by
APC
3/2/12*

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PRESCRIPTION CARD FAX REQUEST FORM

DATE 2/8/2012

NAME Property Manager

TITLE/POSITION Stacey Fisher

ORGANIZATION Chisholm Trail Sr Village (55 or older and or disabled)

ADDRESS 1003 West 9th Ave

CITY Belton

STATE Texas ZIP CODE 76513

PHONE NUMBER 254-939-7400

FAX NUMBER 254-939-7401

AMOUNT OF CARDS REQUESTED (English) 60

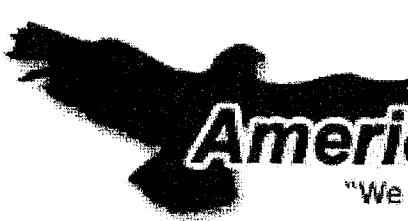
(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Angie L Collins at (404)305-9539

Should you have any questions or concerns, please do not hesitate to contact us at (404)767-1072. Also feel free to download a free discount prescription card (Under the Free ACRX Card Download) or place your organization's request for free ACRX discount prescription cards online at <http://www.acrxcards.com>. Also feel free to mail the request form to ACRX, P.O. Box 161336, Atlanta, GA 30321.

Filler by AFC 3/13/12

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FAX Receipt #100016

Approved details Home Back

Date : 01/17/2012

Name	Todd Wilson	Organization	McCord Elementary
E-Mail ID	todd.wilson@vernonisd.org	City	Vernon
Address	2915 Sand Road	State	Texas
Phone Number	940-553-4381	Zip code	76384
Fax	940-552-0056	Amount	65

Message Area

Type Your Message Here

AMM
F.11/cj
b
DRC
1-18-12



(903) 581-7542/581-8289-FAX
4713 TROUP HWY, TYLER, TX 75703

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Dorothy Weathers	Joy Willadsen
COMPANY:	DATE:
American Consultants, Rx Inc.	NOVEMBER 8, 2007
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(404)305-9539	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
Discount Prescription Cards	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Notes/Comments:

Dorothy,

Your cards are very helpful for individuals we service. I am requesting 300 cards at this time. We at ETCIL appreciate the service you do. Thank you!

Joy Willadsen
Resource Advocate
ETCIL

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PRESCRIPTION CARD FAX REQUEST FORM

DATE February 5, 2010

NAME JOSE LUIS SANCAS

TITLE/POSITION MANAGER

ORGANIZATION mid-VALLEY GARDEN + POND Supply Inc.

ADDRESS 1800 E. BUSINNSWY 83

CITY WESLACO

STATE TEXAS

ZIP CODE 78596

PHONE NUMBER (956) 973-1998

FAX NUMBER (956) 973-1999

AMOUNT OF CARDS REQUESTED (English) Thirty (30)

(Spanish) Thirty (30)

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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Name	Kristie Young	Organization	Kountze ISD
E-Mail ID	kyoung@esc5.net	City	Kountze
Address	PO Box 460	State	TX
Phone Number	(409)246-3474	Zip code	77625
Fax	(409)246-8180	Amount	100

Mailing Area **Area**

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filled
WBD
ac

Send Mail

PRESCRIPTION CARD FAX REQUEST FORM

DATE 10-20-10

NAME Albert B. Finch, M.D.

TITLE/POSITION " "

ORGANIZATION " "

ADDRESS 1509 N TEXAS AVE

CITY ODESSA

STATE TX ZIP CODE 79761

PHONE NUMBER (432) 337-8396

FAX NUMBER (432) 337-2507

AMOUNT OF CARDS REQUESTED (English) 100

AMM *Filled* *10/22/10* *ac* (Spanish) _____

PLEASE FAX YOUR REQUEST TO: Angie L Collins at (404)305-9539

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PRESCRIPTION CARD FAX REQUEST FORMDATE April 18, 2010NAME JACKIE BridgesTITLE/POSITION Lead Case ManagerORGANIZATION The Salvation Army IrvingADDRESS 150 E. Granger RdCITY IRVINGSTATE TEXASZIP CODE 75061PHONE NUMBER (972) 4638-6533FAX NUMBER (972) 554-8123AMOUNT OF CARDS REQUESTED (English) 50(Spanish) 50PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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Follow Up
7-12-11
Lerry
Megs

PRESCRIPTION CARD FAX REQUEST FORM

11-6-10
79

DATE 10/18/10

NAME Betty M. Dickerson

TITLE/POSITION

Henry Smith families and OBA

ORGANIZATION Multi-Cultural Educational Center

ADDRESS 1402 W Oak

CITY Palestine

1947-1950 Test

STATE Texas ZIP CODE 73801

PHONE NUMBER 903 729-3488

FAX NUMBER 903 725-8921

AMOUNT OF CARDS REQUESTED (English) 300

(Spanish) 100

Should you have any questions or concerns, please do not hesitate to contact us at (404) 727-1070. Also feel free to download a free request participation card (T-Card) from [prescription cards online at <http://www.acrx.org>](http://www.acrx.org). Also feel free to mail the request form to ACRX, P.O.Box 161336, Atlanta, GA 30321.

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AMERICAN CONSULTANTS RX, INC.

PRESCRIPTION CARD FAX REQUEST FORM

DATE 1-19-09

NAME AHC Chiropractic American Health Choice

ORGANIZATION

ADDRESS 8367 Perrin Beitel Rd

CITY San Antonio STATE TX ZIP 78218

PHONE NUMBER 210 653-3000

FAX NUMBER 210 653-4973

AMOUNT REQUESTED 10

Please fax your request to: Dorothy Weathers, Director of Communication,
American Consultants,Rx Inc. at (404) 305-9539.
Should you have any questions, please call us at
(404) 767-1072 or visit our website at
<http://www.acrx.org>

NOTE: Duplicates of this form are permitted.

RPR
PB

1/23/09
C. M. Ad

AMERICAN CONSULTANTS RX, INC.

PRESCRIPTION CARD FAX REQUEST FORMDATE 3/19/09NAME Michael HammerORGANIZATION Business Professional StaffingADDRESS 13800 Montfort Dr. #107CITY Dallas STATE TX ZIP 75240PHONE NUMBER 972 991 0041FAX NUMBER 972 788 2979AMOUNT REQUESTED 5

Please fax your request to: Dorothy Weathers, Director of Communication,
American Consultants, Rx, Inc. at (404) 305-9539.
Should you have any questions, please call us at
(404) 767-1072 or visit our website at
<http://www.acrx.org>

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23/09
RPR
PB
W-MH

PREScription CARD FAX REQUEST FORM

DATE 4-30-00

NAME Cathy Gilroy

TITLE/POSITION Administrator

ORGANIZATION Girly Health Care

ADDRESS 4104 E Corona Street

CITY Corona

STATE TX

ZIP CODE 78411

PHONE NUMBER 1-800-286-7256

FAX NUMBER 361-853-7561

AMOUNT OF CARDS REQUESTED (English) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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PRESCRIPTION CARD FAX REQUEST FORMDATE 01/06/12NAME Hill Country Vision CenterTITLE/POSITION Jennifer - Technician

ORGANIZATION _____

ADDRESS 205 S Water StreetCITY Kerrville, TX 78028

STATE _____

ZIP CODE _____

PHONE NUMBER 830-370-7768FAX NUMBER 830-267-1649AMOUNT OF CARDS REQUESTED (English) 100(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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by
ACR
1-17-12

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AMM



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Approved Details

Approved details Home Back

Date : 10/02/2013

Name	Shelagh Skipsey	Organization	The Salvation Army
E-Mail ID	shelagh_skipsey@uss.salva	City	Lewisville
Address	206 West Main Street	State	TX
Phone Number	9723539400	Zip code	75057
Fax		Amount	200

g Area

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Send Mail

10-17-11
ANM
AC**PRESCRIPTION CARD FAX REQUEST FORM**DATE 8-29-11NAME Pharay BrooksTITLE/POSITION Scheduling CapORGANIZATION S P O Family Care Medical ClinicADDRESS 14215 South Post OakCITY HoustonSTATE TEXAS ZIP CODE 77058PHONE NUMBER 713 433-4536FAX NUMBER 713 433-6708AMOUNT OF CARDS REQUESTED (English) ✓ 100

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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Filed by DFC 9-9-11

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PRESCRIPTION CARD FAX REQUEST FORM

DATE

9-1-2011

NAME

Miriam M. Flores

TITLE/POSITION

Social Worker

ORGANIZATION

DST Wescaco Dialysis

ADDRESS

910 S. Welsh

CITY

Weslaco

STATE

Texas

ZIP CODE

78596

PHONE NUMBER

956 968 1895

FAX NUMBER

956 968 4886

AMOUNT OF CARDS REQUESTED (English)

150

(Spanish)

150

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Filed 8/11
by
9/8/11

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Wescaco Dialysis Center

PRESCRIPTION CARD FAX REQUEST FORMDATE 8-30-13NAME Cyanna A MeadowsTITLE/POSITION SecretaryORGANIZATION Dr. Rafael F. Otero PhDADDRESS 5425 Plaza Dr.CITY TexarkanaSTATE TXZIP CODE 75003PHONE NUMBER 903-838-8711FAX NUMBER 903-838-8879AMOUNT OF CARDS REQUESTED (English) 50(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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8/30/13
C. Miller

PRESCRIPTION CARD FAX REQUEST FORMDATE 11/4/13NAME Nancy LifseyTITLE/POSITION Social WorkerORGANIZATION Alpine Compassion ClinicADDRESS 610 E Loop 381CITY LongviewSTATE TexasZIP CODE 75601PHONE NUMBER 903-758-0161FAX NUMBER 903-757-7603

100, English
100 Spanish

feel free to mail the request form to ACKA, P.O.Box 101330,
Atlanta, GA 30321.

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11/4/13
CF

Dorothy Weathers

DISCOUNT CARD FAX REQUEST FORMDATE 11/1/2013NAME Linda JayTITLE/POSITION Operations managerDEPARTMENT Mealson Wheels - S. TexanADDRESS 4114 Airport Dr.CITY DenisonSTATE TXZIP CODE 75090PHONE NUMBER 903-786-3351FAX NUMBER 903-786-8843AMOUNT OF CARDS REQUESTED (English) 3000(Spanish) 110

FAX WILL BE RETURNED TO Dorothy Weathers - 11/1/2013

If you have any questions or concerns, please do not hesitate to contact us at (404) 767-1878. Also feel free to download a fax discount application card (Under the Forms tab) and fax it back to us. If the number of this requested amount is not the maximum possible or if representation was not received, we will return the fax. If you have any questions or concerns, please do not hesitate to contact us at (404) 767-1878. Also feel free to mail the request form to ACRY, P.O.Box 161336, Atlanta, GA 30321.

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Mealson Wheels Texana Admin
 4114 Airport DR
 Denison, TX 75090

filed done *HS*

PRESCRIPTION CARD FAX REQUEST FORM

DATE 8-8-12

NAME Lisa Pethey

TITLE/POSITION Admissions Supervisor

ORGANIZATION ETMC / Trinity

ADDRESS P.O. Box 3169 319 Prospect Dr.

CITY Trinity

STATE TX ZIP CODE 75862

PHONE NUMBER 936-744-1130

FAX NUMBER 936-744-1185

AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

*8/8/12
Lisa Pethey*

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PRESCRIPTION CARD FAX REQUEST FORM

DATE 9-14-12

NAME Gayle Harkrider

TITLE/POSITION office manager

ORGANIZATION Austin Psychotherapy Associates

ADDRESS 4601 Spicewood Springs Rd Bldg 4-Ste 200

CITY Austin

STATE TX

ZIP CODE 78759

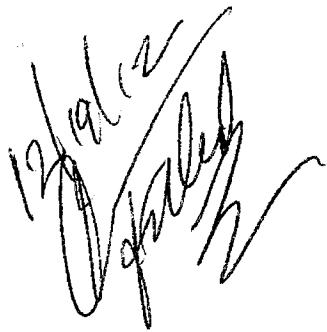
PHONE NUMBER 512-467-1376

FAX NUMBER 512-467-8658

AMOUNT OF CARDS REQUESTED (English) ✓ 50

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539



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PRESCRIPTION CARD FAX REQUEST FORMDATE 12/5/2012NAME Kelly ZinsmeyerTITLE/POSITION Business ManagerORGANIZATION St. John Neumann Catholic ChurchADDRESS 5803 23rd St.CITY LubbockSTATE TXZIP CODE 79407

TELEPHONE NUMBER

FAX NUMBER 806-799-0037AMOUNT OF CARDS REQUESTED (English) 30(Spanish) 30**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539**

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PRESCRIPTION CARD FAX REQUEST FORM

Hospice Hands West
Texas

DATE 22 May 2012NAME Kristi CarstensenTITLE/POSITION Social WorkerORGANIZATION Hospice Hands of West TexasADDRESS 305 N Main St PO Box 1118CITY LockneySTATE Tx ZIP CODE 79254PHONE NUMBER 806-652-3000FAX NUMBER 806-652-2766AMOUNT OF CARDS REQUESTED (English) 25(Spanish) 5

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*7/10/12
Carsten*

PRESCRIPTION CARD FAX REQUEST FORM

DATE 3-16-10NAME Deborah J DavisTITLE/POSITION Office ManagerORGANIZATION Anticrux Home HealthADDRESS 2600 South Loop West, Suite 285CITY HoustonSTATE TexasZIP CODE 77054PHONE NUMBER 713-663-7131FAX NUMBER 713-663-7205AMOUNT OF CARDS REQUESTED (English) 175

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*PL
7/14/11*

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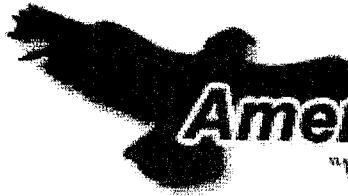
DATE 4/29/11NAME Murphy RankinTITLE/POSITION Exec. DirectorORGANIZATION ACTIONS, Inc. of Brazoria CountyADDRESS 1524 E. Mulberry Suite 135CITY AngletonSTATE TEXAS ZIP CODE 77515PHONE NUMBER 979-864-1480FAX NUMBER 979-849-6968AMOUNT OF CARDS REQUESTED (English) 100(Spanish) 50**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539**

Filled by ARC S/SH
Amm twt 21/3

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Filled
5/29/11
a6



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Date : 05/29/2011

Name	joy thomas	Organization	Special Health Resources for Texas
E-Mail ID	jthomas@shirt.net	City	Longview
Address	410 N. 4th st.	State	Texas
Phone Number	903-234-8808	Zip code	75601
Fax	903-758-2283	Amount	200

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18/4

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Saldivar

Home Health, Inc.

P. O. Box 3504

Alice, Texas 78333-3504

(361)664-2944 Fax: (361)664-0087

1(866)664-2944

"Have a Good Day"

Date:

Feb. 10 2011

*To Dorothy
Weather*

To:

Prescription Card Fax Request Form

Fax No.

404-305-9539

From:

Gracie R.N.

Re:

Cards

Pages Sent:

2

(Including cover sheet)

Comments:

"Thank you"

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written up

2/1/11

AC

PRESCRIPTION CARD FAX REQUEST FORM

DATE 02/11/2011NAME Graciela So 112TITLE/POSITION RN DSNORGANIZATION Saldivar Name Health AgencyADDRESS 901 N. JohnsonCITY AlisoSTATE TXZIP CODE 78332PHONE NUMBER (361) 664-2944FAX NUMBER (361) 664-0087AMOUNT OF CARDS REQUESTED (English) 500(Spanish) 200

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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Witten UP
9/21/11
ac

DATE 9-2-11

NAME Teresa Kloxin

TITLE/POSITION

ORGANIZATION

ADDRESS 416 E. Little Lease Rd

city Holliday.

STATE Tx ZIP CODE 76366

PHONE NUMBER 940-235-5304

FAX NUMBER 940-689-5504

AMOUNT OF CARDS REQUESTED (English) 1

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-8539

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PRESCRIPTION CARD FAX REQUEST FORM

9/2/11
written up
AC

DATE 9-2-11NAME George Calvin Self

TITLE/POSITION _____

ORGANIZATION _____

ADDRESS Box 464CITY ThrockmortonSTATE Tx ZIP CODE 76483PHONE NUMBER 940-235-5335FAX NUMBER NoneAMOUNT OF CARDS REQUESTED (English) 2

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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PB



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Date : 11/26/2009

Name	New Caney Family Worship Center	Organization	Church
E-Mail ID	NCFWC@aol.com	City	New Caney
Address	23214 FM 1485 East	State	Texas
Phone Number	281-689-7065	Zip code	77357
Fax	281-689-1413	Amount	100

Mailing Area

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PRESCRIPTION CARD FAX REQUEST FORMDATE 10-26-10NAME PamelaTITLE/POSITION MAORGANIZATION Phys. Office Shepherd Rural Health ClinicADDRESS 11 Brookland Park Dr. PO Box 669CITY ShepherdSTATE TXZIP CODE 77371PHONE NUMBER 936-4028-3343FAX NUMBER 936-4028-46839AMOUNT OF CARDS REQUESTED (English) 50

(Spanish)

50

PLEASE FAX YOUR REQUEST TO: Angie L Collins at (404)305-9539.

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PRESCRIPTION CARD FAX REQUEST FORM11-6-10
78

DATE 10-22-10

NAME Debi Weiner

TITLE/POSITION Coordinator of Gerontology Services

ORGANIZATION Jewish Family Service of Dallas

ADDRESS 5402 Arapaho Rd.

CITY Dallas

STATE Texas ZIP CODE 75248 PF

PHONE NUMBER 972 437-9950

FAX NUMBER 972 437-0424

AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) 25

Bj

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12/3/10
ac

PRESCRIPTION CARD FAX REQUEST FORM

PL

DATE 12-2-10

NAME Kathy Lindsey R.N.

TITLE/POSITION School Nurse

ORGANIZATION Gruver Independent School District

ADDRESS Po Box 1139 / 601 Garrett Street

CITY Gruver

STATE Texas

ZIP CODE 79040

PHONE NUMBER 806-733-5415

FAX NUMBER 806-733-5412

AMOUNT OF CARDS REQUESTED (English) 500

(Spanish) 500

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Permian Basin Community Centers
 Basin Assistance Services
 1118 B West 12th St
 Odessa, TX 79763

PRESCRIPTION CARD FAX REQUEST FORM

DATE

9/27/11

NAME

BASIN ASSISTANCE SERVICES

TITLE/POSITION

CASE MANAGER

ORGANIZATION

NON-PROFIT / PBMR

ADDRESS

1118 B West 12th St

CITY

ODESSA

STATE

TEXAS

ZIP CODE 79763

PHONE NUMBER

432-580-0713

FAX NUMBER

432-580-0972

AMOUNT OF CARDS REQUESTED (English)

50

(Spanish) 50

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by
AFC
10-10-11
RJM

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PRESCRIPTION CARD FAX REQUEST FORMDATE 9/26/11NAME Sandra McPhailTITLE/POSITION RN/AdministratorORGANIZATION Marshall Home Care & HospiceADDRESS 111 E. BurlesonCITY MarshallSTATE TexasZIP CODE 75670PHONE NUMBER (903) 923 8154FAX NUMBER (903) 923 8624AMOUNT OF CARDS REQUESTED (English) 100

(Spanish) _____

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by
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10-10-11

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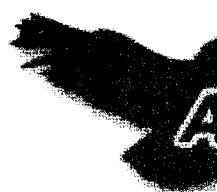
Date : 10/12/2011

Name	L.DELEON	Organization	HIDALGO COUNTY HEALTH
E-Mail ID	LAILA.DELEON@HCHD.ORG	City	EDINBURG
Address	3105 E. RICHARDSON	State	TX
Phone Number	956 318-2040	Zip code	78541
Fax		Amount	50

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RKC
10-12-11



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Date : 10/12/2011

Name	Janice Tucker	Organization	Georgetown Home Health
E-Mail ID	janicet@georgetownhealthc	City	Georgetown
Address	2120 Scenic Drive	State	Texas
Phone Number	512-930-2816	Zip code	78626
Fax	512-869-2494	Amount	50

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by
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10-12-11

PRESCRIPTION CARD FAX REQUEST FORM

DATE 10/13/2011
NAME Cristel Vasquez CNA
TITLE/POSITION Medical Assistant
ORGANIZATION Health Texas Medical Group
ADDRESS 215 E. Olmos St. /Ste 500
CITY San Antonio
STATE Texas ZIP CODE 78215
PHONE NUMBER 210-223-1600
FAX NUMBER 210-271-3434
AMOUNT OF CARDS REQUESTED (English) 30

10/13/2011 (Spanish) 30

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

*R. 11/12
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10-12-11*
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JASPER, TEXAS

75951

PH.409-384-8600

FAX.409-384-8608

FAX COVER SHEET

DATE: 1-6-13 TIME: 12:00
COMPANY: Prescription CARD FAX Request
ATTENTION: DOROTHY WEATHERS
FAX #: 404-305-9539
FROM: Michele Jones

REMARKS: Thank You FOR YOUR offer and
we appreciate your help - as our employees
are very low income earners. Sincerely,

Michele Jones
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SHEET. IF ALL PAGES ARE NOT RECEIVED, PLEASE
CALL 409-384-8600.

Have A Great Day!

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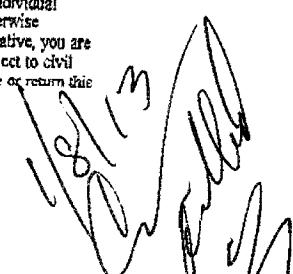
DATE 1-6-13NAME CHeTAN Rama - Michele JonesTITLE/POSITION ManagerORGANIZATION Super 8ADDRESS 2100 North Wheeler St,CITY JasperSTATE Texas ZIP CODE 75951PHONE NUMBER 409-384-8600FAX NUMBER 409-384-8608AMOUNT OF CARDS REQUESTED (English) 12

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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PRESCRIPTION CARD FAX REQUEST FORM

DATE 9-2-11NAME Laura D. Kloxin

TITLE/POSITION _____

ORGANIZATION _____

ADDRESS 416 E Little Lease RdCITY HolidaySTATE Tx ZIP CODE 76366PHONE NUMBER 940-235-5304FAX NUMBER 940-689-5504AMOUNT OF CARDS REQUESTED (English) 2

(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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Written-up
9/2/11
d/c

D. Weathers

PF

PRESCRIPTION CARD FAX REQUEST FORM

DATE 01-22-2010

NAME Pat McLendon

TITLE/POSITION Manager

ORGANIZATION Barr Investments, Inc.

ADDRESS 2700 N. Grand Ave

CITY Tyler

STATE TEXAS

ZIP CODE 75702

PHONE NUMBER (903) 593-9768

FAX NUMBER (903) 593-8770

AMOUNT OF CARDS REQUESTED (English) 300

(Spanish) 50

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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6-20-11
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PRESCRIPTION CARD FAX REQUEST FORM

DATE 5-27-09NAME Mandy CurryTITLE/POSITION Clinic ManagerORGANIZATION Shackelford County Community Resource CenterADDRESS 105 Park / PO Box 876CITY AlbanySTATE TX ZIP CODE 71430PHONE NUMBER 325-762-2447FAX NUMBER 325-762-2186AMOUNT OF CARDS REQUESTED (English) 100(Spanish) 100

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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7/15/09
D. Weathers
Mandy

COMMUNITY OF FAITH CHRISTIAN SCHOOL

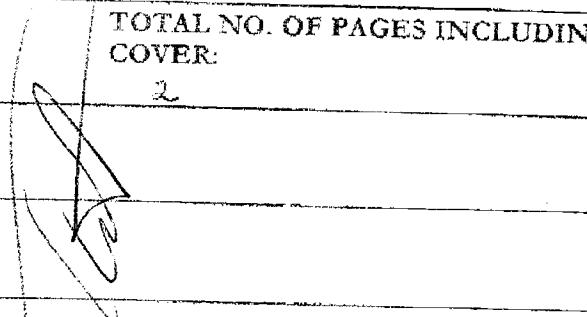
4539 EMORY RD.

EL PASO, TX

79922

PHONE (915)584-2561 FAX (915)584-3529

FACSIMILE TRANSMITTAL SHEET

ATTENTION:	FROM:
<u>Dorothy Weirice</u>	<u>Virginia Wixer</u>
COMPANY:	DATE:
<u>AC&X</u>	<u>9-23-00</u>
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
<u>505-305-9539</u>	<u>2</u>
COMMENTS:	

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PRESCRIPTION CARD FAX REQUEST FORM

DATE 9.22.10NAME Blanca E. UlloaTITLE/POSITION PrincipalORGANIZATION Community of Faith Christian SchoolADDRESS 4539 Emory Rd.CITY El PasoSTATE TXZIP CODE 79922PHONE NUMBER 915.584.3561FAX NUMBER 915.584.3529AMOUNT OF CARDS REQUESTED (English) 40(Spanish) 60

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

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*4539 Emory Rd
El Paso, TX 79922*

PRESCRIPTION CARD FAX REQUEST FORM

DATE 6-21-11
NAME Claudia
TITLE/POSITION Supervisor
ORGANIZATION Alberto Duran MD
ADDRESS 82121 S. Griffin Pkwy #5
CITY Mission
STATE TX ZIP CODE 78572
PHONE NUMBER 956-584-8111
FAX NUMBER 956-580-1585
AMOUNT OF CARDS REQUESTED (English) 20
(Spanish) 20

PLEASE FAX YOUR REQUEST TO: Angie L. Collins at (404)305-9539

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6/22/11
APC*

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PRESCRIPTION CARD FAX REQUEST FORMDATE January 28, 2014NAME Lebh Shomea House of Prayer

TITLE/POSITION _____

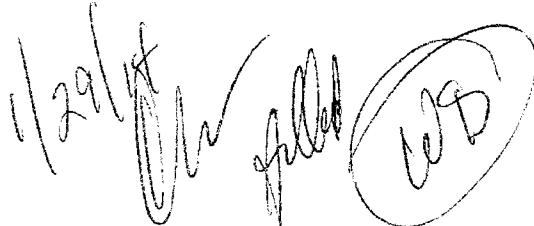
ORGANIZATION Church / EducationalADDRESS 500 La Parra Ranch Rd / P.O. Box 9CITY SaritaSTATE TXZIP CODE 78375-0009PHONE NUMBER 361-244-5369FAX NUMBER 361-244-5791AMOUNT OF CARDS REQUESTED (English) 12

(Spanish) _____

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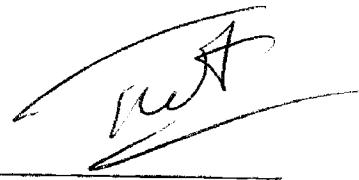
Fax Request Full Details[Approved details](#) [Home](#) [Back](#)**Date : 06/08/2010**

Name	Melinda Leitko	Organization	Splendora Independent School District
E-Mail ID	benefits@splendoraisd.org	City	Splendora
Address	23419 FM 2090 W	State	Texas
Phone Number	281-689-4000	Zip code	77372
Fax	281-689-7905	Amount	600

Mailing Area **G Area**

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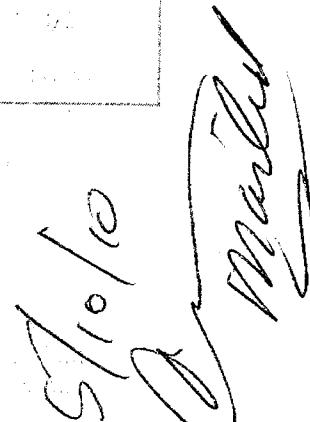
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Name	Janet Collinsworth	Organization	Seven Loaves Food Pantry
E-Mail ID	jcollinsworth@standrewumc	City	Plano
Address	5801 Plano Parkway	State	Texas
Phone Number	214-291-8038	Zip code	75093
Fax	972-380-9533	Amount	100 English 100 Spanish

Mailing Area **G Area**

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S. 10/10
A. Mander

PRESCRIPTION CARD FAX REQUEST FORM

DATE May 24 2010
NAME Crystal Correa
TITLE/POSITION Office Manager
ORGANIZATION HandsOn
ADDRESS 6487 Whity Rd.
CITY San Antonio
STATE TX ZIP CODE 78240
PHONE NUMBER 210. 674. 1161
FAX NUMBER 210. 1692. 1524
AMOUNT OF CARDS REQUESTED (English) 50
(Spanish) _____

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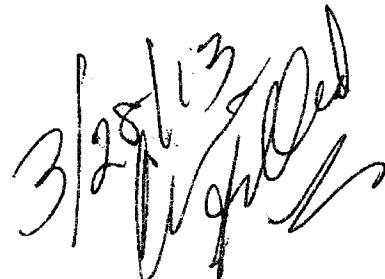
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5/24/10
Crystal Correa

PRESCRIPTION CARD FAX REQUEST FORMDATE 3/28/13NAME ChristinaTITLE/POSITION Nurse AssistantORGANIZATION Rosestreet Mental HealthADDRESS 1800 Rose St.CITY Wichita FallsSTATE TX ZIP CODE 76301PHONE NUMBER 404 322-2372FAX NUMBER 404 322-3570AMOUNT OF CARDS REQUESTED (English) 30(Spanish) 0**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539**

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PRESCRIPTION CARD FAX REQUEST FORMDATE 2/12/13NAME Amy SackberryTITLE/POSITION Social WorkerORGANIZATION Wise Regional DialysisADDRESS 2150 S. FM 51CITY DecaturSTATE GAZIP CODE 30023-34PHONE NUMBER 404-626-1700FAX NUMBER 404-626-1750AMOUNT OF CARDS REQUESTED (English) 20(Spanish) 10

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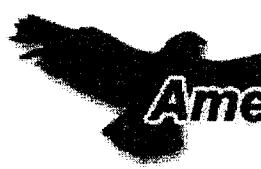
*2/12/13
Amy Sackberry*

PRESCRIPTION CARD FAX REQUEST FORMDATE 02-06-2010NAME Jean Baxter-WeatherTITLE/POSITION Office ManagerORGANIZATION North Texas Health & Wellness CenterADDRESS 503 S. Locust 503 S. LocustCITY BentonSTATE TX ZIP CODE 76201PHONE NUMBER 940-361-0333FAX NUMBER 940-361-5143AMOUNT OF CARDS REQUESTED (English) 50(Spanish) 10**PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539**

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Date : 05/11/2010

Name	Anita Shook	Organization	Department of State Health Services
E-Mail ID	anita.shook@dshs.state.tx	City	Palestine
Address	100 West Brazos Street	State	TX
Phone Number	903-729-1116	Zip code	75801
Fax	903-729-7034	Amount	50

Mailing Area

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PRESCRIPTION CARD/FAX REQUEST FORM

DATE

5-4-10

NAME

Shalonda

TITLE/POSITION

ORGANIZATION

Southern Dental

ADDRESS

503 Martin Luther King St

CITY

Houston

STATE

TX

ZIP CODE

77021

PHONE NUMBER

713 644 6594

FAX NUMBER

AMOUNT OF CARDS REQUESTED (English)

500

(Spanish)

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